# Orientation Workbook for Child Care Centers

participating in the
Missouri Department of Health and Senior Services
Child and Adult Care Food Program



Missouri Department of Health and Senior Services Division of Community and Public Health Bureau of Community Food and Nutrition Assistance P.O. Box 570

Jefferson City, MO 65102 Telephone: 800-733-6251 Fax: 573-526-3679 e-mail: cacfp@dhss.mo.gov www.dhss.mo.gov/cacfp

**July 2010** 



## Missouri Department of Health and Senior Services

## Child and Adult Care Food Program Orientation for Child Care Centers

### **Topics**

Introduction

CACFP Management Accountability & Control

Recordkeeping Requirements

Income Eligibility

Claim for Reimbursement

Food Service Expenses - Non-Profit Verification

**Training Documentation** 

Civil Rights Compliance

**CACFP Monitoring Reviews** 

Appeal Procedure

Menu Planning & Meal Pattern Requirements

**Processed Food Documentation** 

**Feeding Infants** 

Meal Types & Recordkeeping

Nutrition Resources for Child Care

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### Introduction

### **How to Contact the Program**

For questions on the Child and Adult Care Food Program (CACFP), requests for technical assistance, or instructions on how to schedule training, please contact:

Missouri Department of Health and Senior Services
Division of Community and Public Health
Bureau of Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102

1-800-733-6251 1-573-751-6269 Fax: 573-526-3679

Email: cacfp@dhss.mo.gov



Specialty training classes are held in the locations below. You can register for a specialty class or find additional information on CACFP training opportunities at: <a href="http://www.dhss.mo.gov/cacfp/training.html">http://www.dhss.mo.gov/cacfp/training.html</a>.

Missouri Department of Health and Senior Services Northwestern District Health Office 3717 S. Whitney Ave. Independence, MO 64055

Missouri Department of Health and Senior Services Southwestern District Health Office 149 Park Central Square, Suite 116 Springfield, MO 65801 Many classes held at other locations

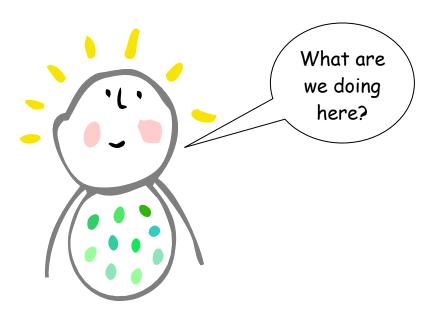
Missouri Department of Health and Senior Services 930 Wildwood Jefferson City, MO 65109 Missouri Department of Health and Senior Services Eastern District Health Office 220 S. Jefferson St. Louis, MO 63103

Missouri Department of Health and Senior Services Cape Girardeau Area Health Office 710 Southern Expressway, Suite B Cape Girardeau, MO 63703

**Effective January 2011**, the Cape office will be relocated to the Marquette Building on 338 Broadway Street

### **Orientation Objectives**

- 1. Understand the responsibilities of your child care center for participation in the CACFP.
- 2. Understand the responsibilities of MDHSS in administering the CACFP.
- 3. Understand the importance of accurate recordkeeping and its role in verifying the center's claims for reimbursement.
- 4. Identify the records that must be maintained by center staff to meet regulatory requirements. Explain the procedures for completing each record.
- 5. Use the meal pattern requirements and menu planning process to create nutritious and creditable menus.
- 6. Explain the importance of good nutrition in the child care setting.
- 7. Understand that orientation may be attended by any interested party an application does not have to be on file to attend.



## Benefits of the Child and Adult Care Food Program (CACFP)

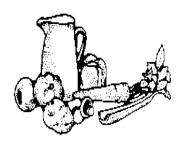
How can CACFP help your center and the families you serve?

CACFP plays a vital role in improving the quality of child care and making it more affordable for many low-income families. Benefits include:

- Centers may be approved to claim up to two meals (breakfast, lunch or supper) and one snack OR two snacks and one meal per enrolled participant per day;
- Training and technical assistance on nutrition, food-service operations, program management, nutrition education and recordkeeping;
- Improved health and well-being of infants and children through age 12 by providing nutritious, well-balanced meals; and
- Development of good eating habits in children that will last through later years.
- USDA makes agricultural commodities or cash-in-lieu of commodities (Missouri) available to institutions participating in the CACFP.

### Key points to remember about the CACFP

- Nutritious meals and snacks are the primary goal.
- CACFP is a supplementary program.
- CACFP is a federally funded (USDA) program administered by the state Missouri Department of Health and Senior Services (MDHSS).
- CACFP is regulated by Congress.
- CACFP requires accurate recordkeeping.
- MDHSS will monitor all participating centers for compliance of federal regulations.



### **Management Accountability and Control**

- The owner of the child care center must accept final administrative and financial responsibility for management of an effective food service.
- <u>MDHSS</u> establishes rules and procedures and makes decisions regarding an institution's ability to operate the program. MDHSS bases these decisions on information obtained during the application process and on results of edit checks, reviews and monitoring.

MDHSS assesses each institution in the context of three Performance Standards\*:

- 1. <u>Is your organization Financially Viable?</u> Do you have a budget and the financial resources that cover all the expenses of running your business?
- 2. <u>Is your organization Administratively Capable?</u> Can the institution effectively provide program benefits to all participants? Are there an adequate number and type of qualified staff to operate the program?
- 3. <u>Does your organization have effective internal controls in place that will</u> ensure Program Accountability?

Program accountability criteria:

- A Board of Directors made up of individuals from the community that oversee the Program;
- A financial system with management controls is specified in writing;
- Maintains appropriate records to document compliance with Program requirements including budgets, accounting records, approved budget amendments, and appropriate records on facility operations; and
- Follows practices that result in the operation of the Program in accordance with the meal service, recordkeeping, and other operational requirements of the federal regulations.

Reference: 7 CFR 226.6

### Managers at all levels are responsible for:

- Quality and timeliness
- Productivity
- Integrity and compliance with applicable law

### **Management Tools and Resources**

Child care centers enter into a contract with MDHSS to participate in the CACFP. The following management tools and resources are available on the Missouri CACFP website at: <a href="http://www.dhss.mo.gov/cacfp">http://www.dhss.mo.gov/cacfp</a>.

- Missouri CACFP Policy and Procedure Manual for Child Care Centers
- Orientation/Recordkeeping workbook
- "And Justice for All" Poster
- "Building for the Future" poster, brochure
- Vendor ACH/EFT Application (Direct Deposit Form)
- Creditable Foods Guide
- Food Buying Guide



#### **Internal Controls**

Internal controls at the federal and state level include:

- Edit Checks, reviews, and monitoring
- Audits
- Complaints
- Civil and criminal action



### **Discovering Problems**

The following chart is a management assessment tool that describes some of the more common indicators of abuse or mismanagement identified through federal and state level internal controls. For more information, see the Child Care Centers Policy & Procedure Manual, Chapter 9, The Monitoring Review Visit, Section 9.9 Deficiencies/Disallowances.

## USDA Child and Adult Care Food Program (CACFP) Institutions Indicators of Potential or Existing Problems

Indicators	Independent Centers
Budget/Claim for Reimbursement	
Year-to-date claims do not reflect approved budget	<b>\</b>
Questionable or potentially fraudulent meal claiming practice	
(e.g., block claiming, meals claimed when facility is closed)	\-
Operational Oversight	
No qualified accountant or an adequate accounting information system	\ <u></u>
Lack of internal controls (e.g., inadequate separation of duties, position held by family member limits internal control)	\****
Related party transactions (e.g., when director or family member is the owner of same catering company used for contracted meals or owner of rented property housing the CACFP facility)	<b>\</b>
Absentee management	<b>\</b>
Audits	
Required audits are not performed	<b>\</b>
Management/Board of Directors does not follow-up on corrective action taken	<b>\</b>
Other	
Health and safety concerns reported from any source	<b>\</b>

Food and Nutrition Service Child Nutrition Division May 7, 1999

### **Recordkeeping Requirements**

Most of the forms and instructions needed to meet recordkeeping requirements for the CACFP are available in this Workbook or at: <a href="www.dhss.mo.gov/cacfp">www.dhss.mo.gov/cacfp</a>. Click on "Laws, Regulations, and Manuals" on the blue side bar to access the following:

- 1. CACFP Policy and Procedures Manual for Child Care Centers
- 2. Orientation/Recordkeeping Workbook for Child Care Centers
- 3. Income Eligibility Guidance for Child Care Centers
- 4. Creditable Foods Guide
- 5. Food Buying Guide

Program forms are located at: <a href="www.dhss.mo.gov/cacfp/AppsForms.html">www.dhss.mo.gov/cacfp/AppsForms.html</a>. The documents are available in PDF and Microsoft Word format for you to save and/or print.

All CACFP records must be kept for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted and for longer than three years if audit findings have not been resolved. For example, records for March 2010 must be kept until three years after the September 2010 claim is filed.



### **Income Eligibility**

#### **Obtaining Household Income Information**

Income information that is obtained from parents or guardians is critical to your center's participation in the Child and Adult Care Food Program. All parents or guardians must be given the current **Parent Letter** and the **Income Eligibility Form** (IEF) to complete. It is recommended that these two items be included in the center's enrollment packet(s). These documents can be printed from the CACFP website following the instructions on page 7.

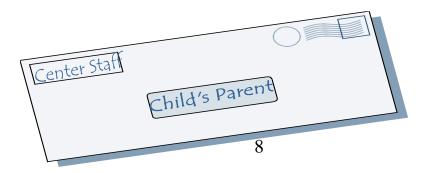
In some areas of the state, requests have been made for Spanish and other language translations of Program information. Spanish and 17 other language translations of the IEF, also called the Meal Benefit form, are available at: http://www.fns.usda.gov/cnd/Care/Translations/Meal Benefit Form Translations.htm.

#### Income information obtained from the IEF must be kept confidential!

#### **Parent Letter**

- The parent letter (page 9 of this workbook and page 4 of the Income Eligibility Guidance booklet) provides required information about the CACFP and instructions for completing the meal application form, or IEF.
- The parent is not required to complete the IEF and will be claimed in the paid meal category. The letter explains that the center may not claim the child for free or reduced-priced meal benefits.
- This letter is updated for each claim year (July 1-June 30). Be sure to use the most current parent letter with the IEF.

NOTE: Due to the delay of the updated poverty guidelines, institutions should use the July 1, 2009 - June 30, 2010 income guidelines to make eligibility determinations. These IEFs will be effective for a full year, regardless of if/when the new (2010-2011) income guidelines are released.



### Child and Adult Care Food Program Parent Letter – Nonpricing Child Care Centers

#### Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

	Yearly		Yearly
Family Size	Income	Family Size	Income
1	\$20,036	5	\$47,712
2	\$26,955	6	\$54,631
3	\$33,874	7	\$61,550
4	\$40,793	8	\$68,469
		For each additional	+6,919

To apply for free or reduced-price meal benefits for your children, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was dated/signed/approved one year earlier.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,

7/10

### **Income Eligibility Form (IEF): Basic Information**

- An Income Eligibility Form (IEF) (CACFP-205) must be on file at the center for each child claimed for free or reduced-price meals. The IEF must be completed and signed by a parent or guardian. If the parent or guardian chooses not to complete the IEF, then the child must be claimed in the paid meal reimbursement category.
- Family Support Division vendor (Title XX) children and foster children must also have a completed IEF on file. They are not automatically classified as free or reduced. Any child that does not have a completed IEF in addition to the Title XX or foster child verification must be claimed in the paid meal category.
- The IEF is current and valid until the last day of the month in which the form was dated (and signed by the center representative) one year earlier. This means that if an IEF was dated on September 12, 2010, it is considered valid until the last day of September in 2011. A new IEF for each child must be completed annually. It is recommended that the income information be collected at the same time each year for all participants. An ideal time would be in July or August after the new income guidelines are issued or when the center conducts re-enrollment. This simplifies your operation by obtaining new IEFs from everyone at the same time each year, even though some IEFs would not be expired.
- The IEF is effective on the first day of the month during the month the form is initially signed by the center representative. For example, if the center personnel signs the IEF on October 20, the IEF would be retroactively effective to October 1.
- The IEF is applicable to the income guidelines of the claim year in which the form was completed. Centers may not re-evaluate old IEFs when new income guidelines are issued in July of each year. For example, if the parent or guardian completes an IEF in January, eligibility will be based on income guidelines issued in July of the previous year. When the new income guidelines are issued the following July, the center may not re-evaluate the old IEF completed in January using the new guidelines. The only way the new income guidelines can be applied is if all parents or guardians complete a new IEF each July 1.
- IEFs must be completed no more than two months prior to a child's enrollment to the center. For example, Johnny Jones' parents completed the Income Eligibility Form in January 2010 when applying for enrollment to the center. However, Johnny did not actually enroll and start attending the center until May 2010. Because more than two months had lapsed between the completion of the form and the actual enrollment date, a new IEF must be completed.
- The IEF is not effective until signed and dated by the center representative. The center should review the IEF for completion, designate the appropriate income category, and then sign and date the form as soon as it is received from the parent.

Reimbursement rates are based on each child's household size and income. There are three different rates: **Free**, **Reduced-price and Paid**. The categories are determined based on the following guidelines:

Category	Poverty Guideline Reference*	•	July 1, 2009-June 30, 2010 Reimbursement Rates*			
		В	L/S**	Snack		
Free	<130%	\$1.46	\$2.8750	\$0.74		
Reduced	>130% but <185%	\$1.16	\$2.4750	\$0.37		
Paid	Not Eligible or Not Reported	\$ .26	\$ .4450	\$0.06		

\*NOTE: Income levels that meet the above guidelines and reimbursement rates are typically updated yearly in July although, due to the delay of the updated poverty guidelines, institutions should use the July 1, 2009 – June 30, 2010 income guidelines to make eligibility determinations. These IEFs will be effective for a full year; regardless of if/when the new (July 1, 2010 – June 30, 2011) income guidelines are released.

\*\*These rates include the value of commodities (or cash-in-lieu of commodities) which institutions receive as additional assistance for each lunch or supper served to participants under the program.

#### Income Eligibility Guidelines\* July 1, 2009 – June 30, 2010

Free Meals – 130%

#### **Reduced-Price Meals – 185%**

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	\$14,079	\$ 1,174	\$587	\$542	\$271	1	\$20,036	\$1,670	\$835	<b>\$771</b>	\$ 386
2	18,941	1,579	790	729	365	2	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	3	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	4	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	5	47,712	3,976	1,998	1,836	918
6	38,389	3,200	1,600	1,477	739	6	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	7	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	8	68,469	5,706	2,853	2,634	1,317
For each additiona 1 family member, ADD	+4,682	+406	+203	+187	+94	For each additional family member, ADD	+6,919	+577	+289	+267	+134

Note: Do not provide the free meal income guidelines to parents. The Parent Letter provides the income guidelines for reduced-price meals.

#### Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)

#### PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children that you are applying for in the household.
- List each child's birth date.
- If you are applying for a foster child, list only one foster child per IEF. A foster child may be eligible for free meals regardless of household income.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete Part 2.
- If you do not have a SNAP or Temporary Assistance case number for one of your children enrolled at the center, you must complete Parts 2 and 4.

### PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # is provided above

- List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and other deductions.
- A foster child, defined as a ward of the court or welfare agency, is to be listed in both Part 1 and Part 2 of the IEF. Only the foster child's "personal use" income is listed. Personal use income includes:
  - 1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
  - 2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

#### PART 3: RACIAL ETHNIC INFORMATION-Completion is voluntary

#### **PART 4: SIGNATURE**

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or SNAP recipient, the adult signing the application must provide a social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the social security number, if you have one, will make the income application invalid if the child(ren) is not a SNAP or Temporary Assistance recipient.





Macross / INCOME ELIGIBIE!		· OIIILD OA	02										
To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.													
PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER													
Complete information below for children e			are receivina fo	ood stamps or	Temporary	v Assistance (formerly							
AFDC, now funded by TANF), complete F	Parts 1, 3, and 4 o	nly. Complete F	Parts 1, 2, 3, a	nd 4 if you did	not provi	de a food stamp case							
number or Temporary Assistance case nur				•	·	·							
NAME	DIDTU DATE	FOSTER	FOOD	STAMP	TEMPO	DRARY ASSISTANCE							
NAME	BIRTH DATE	CHILD	CASE	NUMBER	C	CASE NUMBER							
Joey Johnson	hnson 7-4-06												
Judy Johnson	8-10-08												
DART 2 HOUSEHOLD AND INCOME INCOMATION													
PART 2 HOUSEHOLD AND INCOME INFORMATION													
List all other members of the household be	esides the children	listed in Part 1.	For each hous	sehold member	r. indicate	source and amount of							
current monthly gross income for all men													
wage earners and self-employed adults, th													
If last month's income does not accurately													
self-employed income may be averaged ov													
the center for more information.	·		•										
	YEARLY M	MONTHLY 2 X	A MONTH E	EVERY 2 WEEKS	WEE	KIY							
INCOME BASED ON (CHECK ONE)		X				_							
	_			PENSIO	NS,	-							
HOUSEHOLD MEMBERS	GROSS WAG		FARE, CHILD ORT, ALIMONY	RETIREMENT		OTHER							
Talana Talana a	¢2.000	1		SECUR	II Y								
Johnny Johnson	\$2,900	)											
T T 1	<b>#1.00</b>	2											
Jane Johnson	\$1,000	)											
Jerry Johnson													
PART 3 RACIAL ETHNIC INFORMATION		ired to answer th	is section)										
Are you of Hispanic or Latino origin?   YE													
What is your race? (Select one or more)	AMERICAN INDIAN OR ALASKA NATIV		BLACK OR AFRICAN AMERIC		WAIIAN OR ( FIC ISLANDE								
				7.11									
PART 4 SIGNATURE		_				_							
I hereby certify that all information provided is	correct Lunderstand	that this information	on is being giver	n in connection v	with the rece	eint of federal funds, that							
institution officials may verify information, and that													
SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SEC	CURITY NUMBER		D.	ATE								
Jane Johnson	123-45	-6789		4	/5/10								
PRINTED NAME OF ADULT	ADDRESS	D 1 4	1.10		HONE NUMBI								
Jane Johnson	123 N.	Park, Anyw	here, MO	5	555-1212	2							
Section 9 of the National School Lunch Act requir													
social security number of the adult household me social security number. Provision of a social sec													
signer has none, the application cannot be appro													
the accuracy of information stated on the applica													
contacting employers to determine income, cont	acting a food stamp of	or welfare office to	determine curren	t certification for	receipt of fo	ood stamps or Temporary							
Assistance benefits, contacting the State employ													
the household member to provide the amount of i	ncome received. The	se efforts may resul	t in a loss or redu	iction of benefits,	administrati	ve claims, or legal actions							
if incorrect information is reported.													
TOTAL HOUSEHOLD INCOME.		CENTER USE	ONLY										
I SIZE:	NCOME BASED ON (CH					TEMPORARY							
5 \$3,900	EAR MONTH	_	VERY 2 WEEKS	_	FOOD STAME	_							
- ψυ,θυυ		<u> </u>	<u> </u>	U	Ц								
Eligibility Determination:   Free	Reduced $\Box$ Pa	aid											
SIGNATURE OF CENTER REPRESENTATIVE				Т	DATE								
Ima Director					4-5-10								
ווונג שוויטווער אווונ					T-2-10								





Macrost III O III E E E I O I D I E I		. OI IILD	<b>0</b> / \(\)\	_									
To apply for free or reduced-price meal el	igibility for your chil	d(ren), fill out	this for	m and return	it to your chil	d care cen	ter.						
PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER													
Complete information below for children AFDC, now funded by TANF), complete number or Temporary Assistance case number of the complete in the	Parts 1, 3, and 4	only. Compl	ete Part	ts 1, 2, 3, ar	od stamps or nd 4 if you did	Temporary I not provi	Assistance (formerly de a food stamp case						
NAME	BIRTH DATE	FOSTE	R	FOOD	STAMP IUMBER		DRARY ASSISTANCE CASE NUMBER						
Jim Bob Walton	1-12-08				55821								
Elizabeth Walton	Elizabeth Walton 6-5-06 07965821												
Mary Ellen Walton	5-10-04	-10-04 07965821											
PART 2 HOUSEHOLD AND INCOME INFORMATION													
List all other members of the household current monthly gross income for all me wage earners and self-employed adults, If last month's income does not accuratel self-employed income may be averaged the center for more information.	mbers of the hous the income of the v y reflect your circun	ehold before vage earner on nstances, you	deducti cannot b u may pi	ions, such as be offset by the rovide a proje	s taxes and s ne business lo ection of your	ocial secu osses of th current an	rity. Where there are e self-employed adult. nual income. Irregular						
INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A N	_	VERY 2 WEEKS	WEE	_						
HOUSEHOLD MEMBERS	GROSS WA	GES		RE, CHILD Γ, ALIMONY	PENSIC RETIREMENT SECUR	T, SOCIAL	OTHER						
PART 3 RACIAL ETHNIC INFORMATIO	N (You are not req	uired to answ	er this s	section)									
Are you of Hispanic or Latino origin? T	ES NO			-									
What is your race? (Select one or more)	AMERICAN INDIA			BLACK OR		AWAIIAN OR							
What is your race. (Colour one or more)	OR ALASKA NATI'	VE AGIAN	AF	RICAN AMERICA	AN PACI	FIC ISLANDE	R						
PART 4 SIGNATURE							_						
I hereby certify that all information provided is	correct. I understan	d that this info	rmation i	is being given	in connection	with the rec	eipt of federal funds, that						
institution officials may verify information, and th				e to prosecutio			I federal laws.						
SIGNATURE OF ADULT FAMILY MEMBER Olivia Walton	SOCIAL SE	ECURITY NUMBE	:R			ATE 1/5/10							
PRINTED NAME OF ADULT	ADDRESS				P	HONE NUMB	ER						
Olivia Walton	1 Ceda	ar Lane, V	Valton	n's Mtn, N	4O 5	555-532	-1234						
Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.  FOR CENTER USE ONLY  TOTAL HOUSEHOLD  SIZE:  INCOME:  INCOME BASED ON (CHECK ONE):  YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY FOOD STAMP ASSISTANCE													
FIGURE Date of the Total Control of the Total Contr						X	ASSISTANCE						
Eligibility Determination:  Free  SIGNATURE OF CENTER REPRESENTATIVE	Reduced 🔲 P	aid				DATE							
Ima Director						4-5-10							





To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.												
PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER												
Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number for all of the children listed in Part 1.												
NAME	BIRTH DATE	FOSTER CHILD		STAMP NUMBER		RARY ASSISTANCE ASE NUMBER						
Tommy Foster	4-8-06	X										
PART 2 HOUSEHOLD AND INCOME INFORMATION												
List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.												
INCOME BASED ON (CHECK ONE)	YEARLY M	IONTHLY 2 X	A MONTH E'	VERY 2 WEEKS	WEEKL	.Y						
HOUSEHOLD MEMBERS	GROSS WAG		FARE, CHILD ORT, ALIMONY	PENSIC RETIREMENT SECUR	, SOCIAL	OTHER						
Tommy Foster	0		0	0		0						
Corre												
PART 3 RACIAL ETHNIC INFORMATION	(You are not requ	ired to answer th	is section)									
Are you of Hispanic or Latino origin?   YES	□ NO											
What is your race? (Select one or more)	AMERICAN INDIAN OR ALASKA NATIVE		BLACK OR AFRICAN AMERICA		AWAIIAN OR OT FIC ISLANDER	THER WHITE						
PART 4 SIGNATURE												
I hereby certify that all information provided is constitution officials may verify information, and that of												
SIGNATURE OF ADULT FAMILY MEMBER		URITY NUMBER	· ····o to procedure		ATE							
Mary Caring				3	3-15-10							
PRINTED NAME OF ADULT Mary Caring	ADDRESS			Р	HONE NUMBER	र						
Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.												
	FOR (	CENTER USE	ONLY									
SIZE:	COME BASED ON (CHE	2 X A MONTH E	VERY 2 WEEKS		FOOD STAMP	TEMPORARY ASSISTANCE						
	□ □ □ Reduced □ Pa	id.										
SIGNATURE OF CENTER REPRESENTATIVE					DATE							
Ima Director					3-15-10							

### Exercise Time!!!



### **Completing the IEF**

Refer to the instructions for completing the IEF on page 12 of this workbook. Be aware of common mistakes.

### Common IEF Mistakes

- Parent letter not given to parent or guardian
- Missing information
- Children classified incorrectly
- Total household income added incorrectly
- Total number in household incorrect
- Social Security number not provided when no case numbers are included
- Claim category box not checked or incorrectly checked
- IEF is outdated (valid until last day of the month in which the form was dated one year earlier)
- Foster child form is completed incorrectly; income of foster child is not listed (must enter zero when there is no income to report); each foster child is a household of one and must have a separate IEF
- Parent signature or date missing
- Form not signed and dated by authorized center representative
- Free or reduced meals claimed before an approved IEF is on file

 -	completed IE all the errors		rors. Using y	our IEF



Exercise 1 What's Wrong?

To apply for free	or reduced-price meal e	ligibility fo	or your child	(ren), fill	out this fo	orm and retu	ırn it to your ch	nild care cer	nter.			
PART 1 CHILDR	EN ENROLLED AT TH	E CHILD	CARE CEN	ITER								
Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number for all of the children listed in Part 1.												
	NAME	BIR	TH DATE		TER ILD		D STAMP NUMBER		ORARY ASSISTANCE CASE NUMBER			
Daphne		11	-16-04									
Velma		1-	-22-06									
Fred		6	5-5-08									
PART 2 HOUSE	HOLD AND INCOME IN	NFORMAT	TION									
List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.												
INCOME BA	SED ON (CHECK ONE)		ARLY M	ONTHLY		MONTH	EVERY 2 WEEKS	Ţ	EKLY <b>1</b>			
HOUSE	HOLD MEMBERS		GROSS WAG	SES		ARE, CHILD PRT, ALIMONY	RETIREME	SIONS, NT, SOCIAL JRITY	OTHER			
Scooby Doo			\$1,375	5								
Shaggy Doo			\$1,275	5								
PART 3 RACIAL	ETHNIC INFORMATION	N (You a	are not requ	ired to ar	swer this	s section)						
Are you of Hispar	nic or Latino origin? 🔲											
What is your race	? (Select one or more)		ERICAN INDIAN ALASKA NATIVE	= AS	IAN A	BLACK OR AFRICAN AMER		HAWAIIAN OR CIFIC ISLANDI				
PART 4 SIGNAT	URE											
institution officials m	ay verify information, and the		ite misreprese	entation ma	ay subject				ceipt of federal funds, that different laws.			
SIGNATURE OF ADUL Norville Roger			SOCIAL SEC	CURITY NUI	MBER			9/15				
PRINTED NAME OF ALL NORVILLE ROS			ADDRESS 123 Ma	ain St.,	Anyto	wn, MO	12345	555-817				
Norville Rogers  123 Main St., Anytown, MO 12345  555-817-1212  Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.												
TOTAL HOUSEHOLD	INCOME:				R USE O	NLY						
SIZE:	\$2,850		SASED ON (CHE MONTH	ECK ONE): 2 X A MON	ITH EVI	ERY 2 WEEKS	WEEKLY	FOOD STAN	TEMPORARY  ASSISTANCE			
Eligibility Determi	nation:	⊠ Red		Paid					<del>_</del>			
SIGNATURE OF CENT	ER REPRESENTATIVE							DATE 4-5-1(	)			

#### Exercise 2.

Jane Doe comes to enroll her two children, Erika Doe and Jason Deer in your child care center. Erika was born 10-31-08 and Jason was born 8-19-07. She receives Supplemental Food and Nutrition (SNAP, formerly food stamp) benefits for both children, and the SNAP number is FS0012345678FSP001. In addition, Jane works and earns \$380 per week. There are no other household members.

Pretend you are Jane and complete the IEF on page 19. Then complete the "For Center Use Only" section in your role as a child care provider to show the family's eligibility determination.

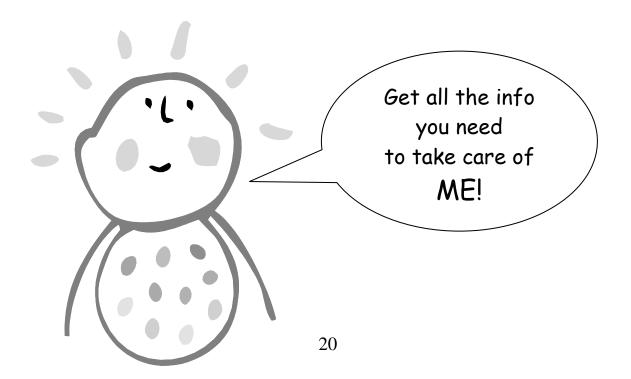




To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.											
PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER											
Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number for all of the children listed in Part 1.											
NAME	BIRTH DATE	FOSTER CHILD		STAMP IUMBER		RARY ASSISTANCE ASE NUMBER					
		025									
PART 2 HOUSEHOLD AND INCOME INFO	RMATION										
List all other members of the household becurrent monthly gross income for all members and self-employed adults, the If last month's income does not accurately reself-employed income may be averaged over the center for more information.	pers of the housels income of the water the prior 12 more.	hold before deduc age earner cannot stances, you may tths. Foster childr	ctions, such as be offset by the provide a project en may be elig	s taxes and so ne business los ection of your o	cial secur sses of the current ann s of housel	ity. Where there are self-employed adult. ual income. Irregular nold income. Contact					
INCOME BASED ON (CHECK ONE)	YEARLY N		MONTH E	PENSION	WEEK						
HOUSEHOLD MEMBERS	GROSS WAG		FARE, CHILD PRT, ALIMONY	RETIREMENT, SECURI	SOCIAL	OTHER					
PART 3 RACIAL ETHNIC INFORMATION	·	ired to answer this	s section)								
Are you of Hispanic or Latino origin?   YES  What is your race? (Select one or more)	NO  AMERICAN INDIAN		BLACK OR		WAIIAN OR C						
,	OR ALASKA NATIVE		AFRICAN AMERICA	AN PACIF	IC ISLANDER	N WHITE					
PART 4 SIGNATURE		4 4 4 4 4 4 4 4 4			· · · · · ·						
I hereby certify that all information provided is co- institution officials may verify information, and that of SIGNATURE OF ADULT FAMILY MEMBER	deliberate misreprese			n under applicabl							
PRINTED NAME OF ADULT	ADDRESS			PH	IONE NUMBE	R					
Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.  FOR CENTER USE ONLY											
TOTAL HOUSEHOLD INCOME: INC	COME BASED ON (CHE					TEMPORARY					
	AR MONTH	2 X A MONTH EV	ERY 2 WEEKS	WEEKLY F	OOD STAMP						
,	deduced 🖵 Pai	id									
SIGNATURE OF CENTER REPRESENTATIVE					DATE						

### **Enrollment Records**

- 1. The CACFP Enrollment Form for Child Care Centers (CACFP-229) is a required Program form. Every child enrolled in care must have an accurately completed CACFP enrollment form on file. The CACFP form is in addition to the enrollment form required by the Section for Child Care Regulation.
- 2. The enrollment form must be signed and dated by the parent verifying that the information is correct.
- 3. Admission dates listed on enrollment forms are compared to meal count records during a monitoring review. Meals served to children prior to the admission date on the signed enrollment form will not be reimbursed.
- 4. The CACFP-229 enrollment forms must be updated by the parent or guardian at least once per year.
- 5. Keep all enrollment forms (and all CACFP records) for <u>three full fiscal years</u> (October 1 through September 30) or longer if audit findings have not been resolved after the year the form was completed for.
- 6. Parents may be periodically contacted by MDHSS-BCFNA to verify a child's enrollment and attendance at the center.





## MISSOURI DEPARTMENTOF HEALTH AND SENIOR SERVICES (MDHSS) COMMUNITY FOOD AND NUTRITION ASSISTANCE – CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS

		OF HEALTH AND SEN IFY INFORMATION.	NIOR	SERVICES OFFICIA	LS OF	R A SPON	SORING	ORGAN	NIZATI	ON RE	PRESEN'	TATIVE M	AY
CHILD'S FULL NA								DATE	OF BIR	TH			
PARENT OR GUA	ARDIAN NA	ME			STR	EET ADDR	ESS						
CITY					STA	TE		ZIP COD	)E		DAVTIME	PHONE N	IMPED
CITT					SIA			ZIF GOL	<i></i>		,	, FHONE IN	JIVIDEN
NAME OF CHILD	CARE CEN	ITER							PHC	NE NUI	( MBFR	)	
TO WILL OF STREET	Of the OLI								, ,	۱ ۱۰۰۰	viber:		
CENTER CONTA	CT PERSO	N'S NAME					CHILD'S	DATE OF	( F ENRC	) DLLMEN	T (FIRST D	DATE ATTE	NDING
							THIS CE	ENTER)			•		
IN THIS COLUMN CHECK THE DAY		WHAT TIME DOES YO CHILD USUALLY ARR		WHAT TIME DOES YOUR CHILD USUALL		WRITE ANY ATTENDAN				OR VAF	RIATIONS I	IN USUAL	
CHILD USUALLY ATTENDS DAY C		EACH DAY?  CIRCLE AM OF	R PM	LEAVE EACH DAY?  CIRCLE AM OR F	PM								
MON		AM	PM	AM F	PM								
TUES		AM	PM	AM F	PM								
WED		AM	PM	AM F	РМ								
THURS		AM	PM	AM F	РМ								
FRI		AM	PM	AM F	PM								
CAT													
SAT		AM	PM	AM F	PM								
SUN													
3011		AM	PM	AM F	PM								
CHECK WHE	N YOUR	CHILD IS IN CARE	ΑT	THIS CENTER									
☐ FULL DA	AY CARE			BEFORE SCHO	OOL (	CARE			EVE	NING	CARE		
	AY – MOI	= '	L				201		OVE	RNIGI	HT CARE	Ξ	
☐ HALF DA	AY – AF I	ERNOON	C	BEFORE AND ARE	AFIE	ER SCHO	OCL						
		YOUR CHILD IS US	SUAL	LY GIVEN AT THE	S CE	NTER							
☐ BREAKE		IZ			0814	214				PER	ONIACIA		
	IG SNAC	K YS YOUR CHILD IS	_ N N S						EVE	NING	SNACK		
		Y (JANUARY 1)					PENDEN	NCE DA	Y (JU	LY 4)			
		R KING'S BIRTHDA	Y (JA	ANUARY)				(SEPTE		,			
		AY (FEBRUARY)						NG DAY	•		,		
☐ MEMOR	IAL DAY	(MAY)				CHRIS	STMAS	DAY (D	ECEN	/IBER 2	25)		
SIGNATURE OF	PARENT O	R GUARDIAN						DA	TE				
IF INFORMATION	ON HAS C	E PARENT OR GUAI CHANGED, THE PARI E. IF THERE ARE MA	ENT (	OR GUARDIAN HAS	WRIT	TEN THE	<b>APPRO</b>	PRIATE					
FIRST ANNUAL U		PARENT SIGNATUR								DATE			
SECOND ANNUA	AL UPDATE	PARENT SIGNATUR	E							DATE			
THIRD ANNUAL I	UPDATE	PARENT SIGNATUR	E							DATE			

### **Attendance Record**

<u>Daily attendance records are a requirement of the CACFP</u>. Accurate attendance records are very important in the completion of the claim for reimbursement. Meals served to children not reflected on the attendance record will not be reimbursed.

- 1. The center may use classroom roll books, parent sign in/out sheets or attendance sheets such as CACFP-213 on page 23 to complete attendance records.
- 2. Type or print names alphabetically, last name first.
- 3. Take attendance early in the day after most children have arrived.
- 4. Take attendance at the same time each day so it becomes routine.
- 5. Meal count records may **not** be used in lieu of attendance records.
- 6. Count the number of children each day. Keep a running total of the number of participants in attendance for the monthly claim (Field 6 of the online claim for meal reimbursement).
- 7. File completed Attendance Records in the monthly folder with other CACFP documents for the claim month.





MONTH:

#### DAILY ATTENDANCE RECORD

Participant's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		<del> </del>																													
		<u> </u>																													
Total Daily Attendance				1																											

Enter this number in field (6) of the online claim.

### **Meal Count Record**

The Meal Count Record (CACFP-225) is a required Program record. Meal count records document the name of each eligible participant and the meal(s) to be claimed for reimbursement on a daily basis and provide a confidential coding (X, Y and Z) of the participant's income eligibility category (Free, Reduced, or Paid).

- 1. List enrolled children (preferably in alphabetical order, last name first) by classroom. Print or type each child's full name; do not use nicknames.
- 2. Indicate claiming category for each child under the "code" box. <u>Use the following codes for confidentiality:</u> X = Free; Y = Reduced-price and; Z = Paid

**Tip:** Create a master list of children and income claiming category. Copy forms to simplify paperwork.

- 3. Enter the center name and "week of" dates showing month, days and year.
- 4. Record meal counts at the time of service, commonly called point of service (POS) meal count.
- 5. Place a check mark  $\sqrt{}$  in the box under the appropriate meal type (breakfast, lunch, snack, supper) at each meal/snack service for each child served.
- 6. At the end of the week, total the free meals, reduced meals, and paid meals for each meal type (breakfast, lunch, supper, snack).

**Tip:** To help distinguish claiming categories for the purpose of counting, use two colored highlighters. For example:

Green = Free Yellow = Reduced White = Paid

#### Remember!

- The center may claim no more than two meals and one snack <u>or</u> one meal and two snacks per enrolled child in attendance per day.
- Center personnel must physically count/record the children eating at each mealtime at the "point of service.
- The claiming category for each child must be coded for confidentiality.



**MEAL COUNT** 

	WEEK OF KEY
B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. S	B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper

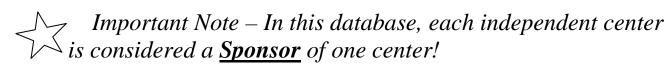
PARTICIPANT'S	0005			OND	AY			TL	JESD	AY			WED	DNES	DAY				URSE	DAY				RIDA	·Υ			TOTALS					
NAME	CODE	DATE	E				DATI					DATE					DATE					DATE	Ē					IOIALS					
		В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S		
3	_																																
Total Meals Coded X																																	
Total Meals Coded Y																																	
Total Meals Coded <b>Z</b>																																	
MO 580-1460 (7-08)		<u> </u>		<u> </u>	1	<u> </u>		l		<u> </u>			<u> </u>	<u> </u>				<u> </u>		<u> </u>						<u> </u>		<u> </u>	<u> </u>	CACE	FP-225		

### **Claim for Reimbursement**

Your reimbursement is based on the recorded meal count forms. It is critical that this information be completed accurately. If errors are discovered on a monitoring review or an audit, you may have to pay money back to the MDHSS.

Claims for reimbursement are filed via the Internet at:

https://dhssweb04.dhss.mo.gov/cnp. You will receive a personal user ID and password once a fully executed contract is obtained. It is recommended that two people from your center have access. Individual user ID's and passwords may not be shared or transferred to others. Contractors that do not have access to the computer or the Internet may contact the BCFNA central office to make alternate arrangements to submit claims.



Please read all instructions before entering your first claim.

### **Basic Claiming Steps**

Make sure you follow <u>every</u> step of the instructions. You must complete 2 separate online forms each month. If the sponsor claim is not in "pending approval" status, you have not submitted your claim!

- Enter the web address: <a href="https://dhssweb04.dhss.mo.gov/cnp">https://dhssweb04.dhss.mo.gov/cnp</a>.
- Enter your personal user ID and password, and click Login.
- Read the notice page and click Continue.
- Choose the correct Program year (i.e. Program year 2011 begins October 1, 2010 and ends September 30, 2011).
- Click on the Claims tab.
- Click the word <u>Add</u> to the right of the appropriate month.
- This is your Sponsor level claim. To activate the claim, scroll down to the bottom and click Submit.
- You now see the Sponsor Claim Summary with zeros.
- Scroll down to the bottom of the page and click the word <u>here</u> in the lower left corner to return to the Sponsor Summary Sheet.
- Click the yellow folder with a plus sign (to the left of the month you are claiming). The folder opens and the name of your center appears below the words "Sponsor Claim".

- Click Add by the name of the center.
- Enter the claim information, and click Submit. (See instructions for center claim at end of this section)
- Click <u>here</u> in lower left corner of the Post Confirmation Sheet.
- If there were errors detected, click <u>Edit</u> by the center's name to make corrections.
- On the claim, the errors will be highlighted in red.
- Correct all errors.
- Submit the claim again. (Repeat if needed, until the Post Confirmation shows the center's claim as *Complete*.) Even though the page says the center claim is complete, you are not done yet!
- When you are finished entering the center claim, click <u>here</u> to return to the Sponsor Summary page.
- This page will show the center's claim is Complete, but the sponsor claim is Pending Submission. Click <u>Edit</u> by the Sponsor Claim for that month.
- See page 30 for a sample center claim sheet.
- Scroll down to field (34). Read and check √ the certification statement at the bottom of the sponsor-level claim, and submit the sponsor level claim. (NOTE: Do not enter a dollar figure into the FDCH Administration Costs field.)
- Make sure the sponsor-level claim is in *Pending Approval* status.
- Return often to the Sponsor Summary-Claims page to see when the claim has been *Approved* and *Paid*. To estimate what day you will receive your check/deposit, click on the payments tab on the sponsor summary page. Add three business days to the date listed to determine the probable date of deposit.

### **Instructions for Center Claim:**

<u>Fields (1-3)</u> Enter the number of participants enrolled in the center during this claim period by income group (Free, Reduced, Paid).

<u>Field (4)</u> Add Free, Reduced and Paid enrollment numbers and enter total enrollment.

<u>Field (5)</u> Enter the number of days you served meals to participants this month.

<u>Field (6)</u> Calculate total attendance by adding daily center attendance for all operating days.

<u>Field (7)</u> Do not enter anything into field (7). This information fills in automatically from the application.

<u>Fields (8-10)</u> Enter the total number of meals by income category (free, reduced, paid) and meal type actually served to participants in this center.

<u>Field (11)</u> Enter the sum of each meal type.

<u>Field (12)</u> Don't enter anything here. This field will calculate information automatically.

<u>Fields (13 **OR** 14)</u> Complete only if this center is for-profit. Enter the number of eligible Title XX or Title XIX participants **OR** the number of free plus reduced eligible participants in this center.

<u>Field (15)</u> For-profit centers check appropriate certification statement. Click Submit.

### Tips for Getting Around the CACFP web-system

- <u>Do not</u> use your Internet Explorer's <u>Back</u> button. Use the menu (in the orange section) on the top left of the screen, or use the "breadcrumb trail," to navigate from screen to screen.
- Each time you submit the claim, no matter if it has errors, it is saved on the server, and will be there if you need to leave or logoff and come back.
- Use the Tab key to navigate from field to field, or use your cursor to click into the field you want to fill out. <u>Try not to use your Enter key</u>. If you do, the claim will submit (in an error status).
- If you are in View mode, changes won't be saved. <u>If you want to make changes, make sure you are in **Edit** mode</u>.
- Claims will be submitted at the site level, or center level, before submitting a sponsor level, or "umbrella," claim form.
- Revisions are filed after the original (or previous revision) is in *Paid* status.

### **Payment Notes**

- Click the Payments tab to view upcoming and past payments for CACFP claims.
- If a claim has been approved, but not yet processed for payment, the payment information will show in the Open Balance Transactions section. All other payments are shown in the next section.
- Click the + (plus sign) by a batch number to see details for that payment.
- When checking the payments, the processed date shown is approximately 3-4 business days prior to the actual electronic funds deposit date. (It is the date the batch was processed and information was sent to the State of Missouri payment system.)
- Deductions—if any—made from claim reimbursements due to downward revisions are reflected in information under the Payments tab only, not in the estimates shown in the Claims tab.

#### **User Notes**

- Click the Users tab to view individuals who have access to make changes to the center and sponsor information tabs and to submit application and claim information for your organization.
- Inform the state office immediately if an individual with access is leaving your organization so that user access may be revoked.
- Submit a Network User Access Request form to request online access for new employees and to delete access when no longer needed.
- User IDs and passwords are assigned to individuals only, and may not be shared.

### Filing a Claim for Reimbursement

- A center has 60 calendar days from the end of a claim month to file a claim for reimbursement. If a claim is filed online more than 60 days past due, the center may not be paid for that month.
- √ Submit the completed claim online after you have reviewed your entries and are satisfied that the claim is completed accurately. The system has built in edit checks that should decrease the chance of the claim being submitted with errors.
- ✓ You cannot submit a claim before the first day of the next month. (For example, an October claim cannot be submitted until November 1.)

MDHSS processes claims on the 10<sup>th</sup> of each month for payment by automatic deposit by around the 28<sup>th</sup> of the month. A second processing for claims is done on the 25<sup>th</sup> of the month for claims received the 11<sup>th</sup> through the 25<sup>th</sup>. The second payment is made around the 13<sup>th</sup> of the following month.

# MDHSS Receives Claim by: 10<sup>th</sup> of the month 28<sup>th</sup> of the month 13<sup>th</sup> of the next month

If you have not received your payment within 15 days of the payment date, please contact MDHSS to determine if there were problems with the claim. All payments will be direct deposited. This will avoid payment delays and lost checks.

-	-	-		
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	-		_	_

Missouri Department of Health & Senior Services

Center Claim

J Bottom of Form

(1) Free Enrollment

(2) Reduced Enrollment

Humpty Dumpty Daycare 4889

### Humpty Dumpty Daycare - CCC Claim 48891

Center Operating and Enrollment Data (Must reflect the claiming period)

July 2008

Pending Submission Original Claim

120

(3) Paid Enrollment (4) Total Enrollment		(7) License (	Capacity (from	m Application)		120
Meal Count Data	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free						
(9) Reduced						
(10) Paid						
(11) Total Meals						
(12) Average Daily Participation	0	0	0	0	0	0
For-Profit Centers Only						
Total TitleXX / XIX Beneficiaries	Free/Re	duced-Price El	igible Childre	n Eligibility	%	
(13) 0	(14)	0		0		
(15) O This organization certifie						

(5) Number of Operating Days

(6) Total Attendance for Month

Created By: Date Created: Modified By: Date Modified:

Top of Form

Submit Cancel

This organization realizes that the Center does not meet the 25% Eligibility for For-Profit Centers, and that this claim will not be reimbursed and no meals will be reported. Note: Once this button is checked and the claim has been submitted, the claim can only be modified by a state agency representative.

are Title XX Beneficiaries or Free/Reduced Priced Eligible Children for sites being claimed.

#### For-Profit Title XX Centers Claim For Reimbursement

Title XX centers may submit a claim for reimbursement only for those months when 25% of the enrollment or licensed capacity, whichever is less, are either Title XX beneficiaries OR eligible for free or reduced-price meals. Independent for-profit Title XX centers and sponsoring organizations of these centers must submit the number of enrolled children and the number of children receiving Title XX benefits OR eligible for free or reduced meals for each month that CACFP reimbursement is claimed.

#### To evaluate eligibility, the following steps must be taken <u>each month</u>:

- 1. Determine how many children, including infants, were enrolled at the center *and* were in attendance at least one day for the claim month. Children in attendance include part-time and drop-in care. All children (and infants) in attendance must be included in the total regardless of whether they were claimed for a meal.
- 2. Compare this number (enrolled children who attended at least one time) to the licensed capacity of the center. Determine which of the two numbers is the smallest. Use the smaller of the two numbers.
- 3. Determine how many Family Support Division (FSD, State vendor, "Title XIX or Title XX") OR free or reduced eligible children were enrolled at the center *and* were in attendance at least one day for the month being claimed. Count the total number of children listed on the vendor billing for the claim month. Verify that each DFS child counted was in attendance at least one time in the claim month. Enter the total number in Field 13 or 14 of the Center Claim.
- 4. Divide the number of FSD or free/reduced eligible children by the total enrollment or license capacity, whichever is less. If this number is greater than or equal to 0.250, you may submit a claim for reimbursement for that month and check the first certification statement in Field (15). If the number is less than 0.250, your center is not eligible for reimbursement for this month. You will check the second certification statement in Field (15), and continue the claims submission process. The claim will be submitted to the state with the meal information removed since it will not be paid.

#### For example:

ABC Play School has a licensed capacity of 45 children. Records indicate that 50 children were enrolled and in attendance for at least one day during the month of October. Of those 50 children, 12 were DFS beneficiaries.

12 divided by 
$$45 = 0.26$$

The center is eligible to submit a claim for October because 0.26 is greater than 0.250.

## Exercise Time!!!



## **Completing the Attendance Record, Meal Count Record and Claim**

**Exercise 3.** Refer to the Daily Attendance Record instructions on page 22. Using the Attendance Record on page 33, tally the total daily attendance for each day and figure the total attendance for the month.

**Exercise 4.** Refer to the Meal Count Record instructions on page 24. Using the Meal Count Record on page 34, tally the meal count for the week of July 7-11.

Exercise 5. Refer to the Instructions for Center Claim on pages 27-28. Use the numbers from Exercises 3 and 4 above and the completed meal counts for weeks 2 through 4 (pages 35-37) to complete the center claim on page 38. Assume that Humpty Dumpty Daycare Center is a not for profit center. Remember, your center's real claim will be filed online!



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM



MONTH: July 20XX

#### DAILY ATTENDANCE RECORD

Participant's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Horner, Jack	С	С	С	С			~	>	>	~	>			<b>\</b>	<b>&gt;</b>	<b>\</b>	<b>\</b>	<b>&gt;</b>			>	>	>	~	~			>	>	<b>~</b>	~
Lamb, Mary	L	L	L	L			~	>	~	~	>			>	>	<b>&gt;</b>	~	>			>	~	~	~	~			~	~	~	~
Peep, Little Bo	o	0	0	0				>	~	~				~	~	~	~				<b>&gt;</b>	~	~	~				~	~	~	~
Piper, Peter	s	s	s	s			~	>	~	~				~	~	~	~	<b>~</b>			<b>&gt;</b>	~	~	~	~						L
Porgie, Georgie	Е	E	Ε	Е				<b>&gt;</b>	~	~	>				~	~	~	<b>&gt;</b>				~	~	~	~						L
Simon, Simple	D	D	D	D			~	<b>&gt;</b>		~	>			<b>~</b>	~	~	~	<b>&gt;</b>			<b>&gt;</b>	~	~	~	~				~	~	~
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Enter this number in field (6) of the online claim.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

Exercise 4

**MEAL COUNT** 

CENTER	WEEK 06	KEY
Humpty Dumpty Daycare	July 7-11, 20XX	B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper

PARTICIPANT'S	CODE			OND	AY				JESE	DAY				NES	DAY			THU	JRSD	ÞΑΥ				RIDA	·Υ			тс	OTAL	s	
NAME	CODE	DATI		7/7			DAT		7/8			DAT		7/9			DATE	7/	10			DATE		/11				10		.0	
		В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S
Horner, Jack	X	<b>√</b>		1			1		1	1		1					1		1	1		1		1	1						
Lamb, Mary	X	<b>√</b>		1	1		1		1			1		1	1		1		1	1		1		1	1						
Peep, Little Bo	Z						1		1	1		1		1	1		1		1	1											
Piper, Peter	Y	<b>√</b>		1	1		1					1		1	1		1		1												
Porgie, Georgie	Y						√		1	1		√		1			1		1	1		1		1	1						
Simon, Simple	Z	<b>√</b>		1	1		<b>√</b>		1	1							1		1	1		<b>√</b>		1							
Total Meals Coded X																															
Total Meals Coded Y																															
Total Meals Coded <b>Z</b>																															

4

MO 580-1460 (7-08)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

Exercise 5

**MEAL COUNT** 

CENTER
Humpty Dumpty Daycare

WEEK OF
July 14-18, 20XX

B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper

PARTICIPANT'S	CODE			IOND	AY				JESE	DAY				DNES	DAY			THL	JRSD	ΑY				RIDA	·Υ			TC	TAL	ç	
NAME	CODE	DAT		7/14			DAT		7/15			DAT		7/16			DATE	7/	17			DATE		7/18				10	, I AL	.5	
		В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S
Horner, Jack	X			1	1		<b>√</b>		1	1		<b>√</b>		1	1		<b>√</b>		1			1		1			4		5	3	
Lamb, Mary	X			1	1		<b>√</b>		1	1		<b>√</b>		1	1		1		1			1		1			4		5	3	
Peep, Little Bo	Z	<b>√</b>		1	1				<b>√</b>	1		<b>√</b>		1	1				<b>V</b>	1							2		4	4	
Piper, Peter	Y			1	1		1		1	1		<b>V</b>		1					<b>√</b>			<b>V</b>		1	1		3		5	3	
Porgie, Georgie	Y								1	1				1	1				<b>V</b>	1				1	1				4	4	
Simon, Simple	Z	<b>V</b>		1			1		<b>V</b>			<b>V</b>		1			<b>V</b>		1			1		1			5		5		
Total Meals Coded X				2	2		2		2	2		2		2	2		2		2			2		2			8		10	6	
Total Meals Coded Y				1	1		1		2	2		1		2	1				2	1		1		2	2		3		9	7	
Total Meals Coded <b>Z</b>		2		2	1		1		2	1		2		2	1		1		2	1		1		1			7		9	4	

MO 580-1460 (7-08)

CACEP-225



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

**MEAL COUNT** 

WEEK OF KEY **Humpty Dumpty Daycare** July 21-25, 20XX B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper

	PARTICIPANT'S NAME	CODE	DATE		IOND	AY		DAT		JESE	PΑΥ		DAT		NES	DAY		DATE	THU	IRSD	AY		DATE		RIDA	Y			то	TAL	.s	
	NAIVIE				7/21				•	7/22		ı			7/23	ı			7/	24		1			7/25		1				1	
			В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	_ <u>L</u>	2	S
	Horner, Jack	X			1	1		√		1	1		<b>√</b>		1	1		<b>V</b>		1	1				1	1		3		5	5	
	Lamb, Mary	X			1	1		<b>√</b>		1	1		<b>√</b>		1	1		<b>V</b>		1	1				1	1		3		5	5	
	Peep, Little Bo	Z	1		1	1		<b>√</b>		1	1		<b>√</b>		1	1				7	<b>√</b>							3		4	4	
	Piper, Peter	Y	<b>√</b>		1					1	1				1	1				7	7		1		1	1		2		5	4	
	Porgie, Georgie	Y						<b>√</b>					<b>√</b>					1					<b>V</b>					4				
36	Simon, Simple	Z	1					<b>V</b>		1			<b>√</b>					1		7			<b>V</b>		1			5		3		
	Total Meals Coded X				2	2		2		2	2		2		2	2		2		2	2				2	2		6		10	10	
	Total Meals Coded Y		1		1			1		1	1		1		1	1		1		1	1		2		1	1		6		5	4	
	Total Meals Coded <b>Z</b>		2		1	1		2		2	1		2		1	1		1		2	1		1		1			8		7	4	FP-225



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

Exercise 5

**MEAL COUNT** 

Humpty Dumpty Daycare

WEEK OF

July 28-Aug 1, 20XX

B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper

PARTICIPANT'S	CODE			IOND	AY				JESE	DAY				DNES	DAY				JRSE	DAY				RIDA	·Υ				TAL		
NAME	JODE	DATE		7/28			DAT		7/29			DAT		7/30			DATE		/31			DATE		3/1			(for	7/7	27-3	1 on	y)
		В	1	L	2	D	В	1	L	2	D	В	1	L	2	D	В	1	L	2	D	В	1	L	2	D	В	1	L	2	D
Horner, Jack	X			1	1		<b>√</b>		1	1		<b>√</b>		1	1		1		1	1		1		1	1		3		4	4	
Lamb, Mary	X			<b>V</b>	1		<b>√</b>		1	1		<b>√</b>		1	1		1		1	1		<b>V</b>		1	1		3		4	4	
Peep, Little Bo	Z	1		<b>V</b>	<b>V</b>		<b>√</b>		<b>V</b>	1		<b>√</b>		1	1		<b>√</b>		1	1							4		4	4	
Piper, Peter	Y																														
Porgie, Georgie	Y																														
Simon, Simple	Z						<b>√</b>		<b>V</b>	1		<b>√</b>		1			<b>V</b>		1	1		1		1			3		3	2	
Total Meals Coded				2	2		2		2	2		2		2	2		2		2	2		2		2	2		6		8	8	
Total Meals Coded																															
Total Meals Coded <b>Z</b>		1		1	1		2		2	2		2		2	1		2		2	2		1		1			7		7	6	

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MO 580-1460 (7-08)



CACFP			Missou	ri Department c	of Health & S	Senior Services
Center Claim					Humpty Du	ımpty Daycare 4889
Humpty Dumpty Daycare	- CCC Clai	m				July 2008
48891					Pendi	ng Submission
ASSESSED					5,000,000	Original Claim
↓ Bottom of Form						
Center Operating and Enrollment D	Oata (Must refl	ect the claiming	period)			
(1) Free Enrollment		(5) Number of	f Operating (	Days		
(2) Reduced Enrollment		(6) Total Atte	ndance for N	/lonth		
(3) Paid Enrollment		(7) License (	apacity (fror	m Application)		120
(4) Total Enrollment				1000		
Meal Count Data	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free					10.072	
(9) Reduced						
(10) Paid						
(11) Total Meals						
(12) Average Daily Participation	0	0	0	0	0	0
For-Profit Centers Only						
Total TitleXX / XIX Beneficiaries	Free/Re	duced-Price Eli	gible Childre	n Eligibility	%	
(13) 0	(14)	0		0		
(15) This organization certifie are Title XX Beneficiaries					The Court of the C	
This organization realize		200	W. 100 CO.			ters and that
this claim will not be rein						
the claim has been su	bmitted, the	claim can onl	y be modifi	ed by a state	agency rep	resentative.
	Created:	Modi	fied By:	Da	ate Modified:	
↑Top of Form						
		Submit C	ancol			
		Submit Ca	ancel			

### **Food Service Costs**

CACFP requires that reimbursement funds be used *only* for the operations or improvement of the food service. Records of food service operation and administrative costs must be documented to verify that the food service is not making a profit. Additionally, the receipts must show that the items on the menu were purchased.



Save original food and milk receipts and invoices. Only those foods used for the CACFP can be charged to the food service. Food items such as coffee and personal use items cannot be counted toward the CACFP food service costs. Transportation and storage costs for food and food service supplies may be included.

Save original receipts and invoices for all nonfood costs that are necessary to the food service. Examples include napkins, straws, utensils, cleaning supplies for the kitchen, etc. This may include expendable and durable supplies.

Compare the total amount of food and nonfood cost to the CACFP monthly reimbursement.

Food Cost + Nonfood Cost

**CACFP** reimbursement

If the food + nonfood costs are less than the CACFP monthly reimbursement, you must also document food service labor costs. <u>If the total of food + nonfood products for the month is greater than the CACFP reimbursement, the center **does not** need to document labor and indirect costs.</u>

If the food + nonfood total are less than the monthly CACFP reimbursement, food service labor must be calculated. Food Service labor include wages and salaries for labor needed for the food service operation and includes duties such as time spent on menu planning, meal production records, CACFP paperwork, preparing, serving, and cleaning up, as well as site supervision of food service or children during mealtime. The Documentation of Non-Profit Food Service should be entered on CACFP-214 form found in this workbook on page 41.

Complete CACFP-214, indicating the following details for each employee:

- a. Position title
- b. Salary per hour
- c. Hours worked per day on food service
- d. Days worked per month
- e. Total dollar amount credited to the CACFP operation

Labor cost charges must be supported by payroll stubs and time studies. A time study is a daily record of how much time a person works on a specified food service task. This daily record should be completed for a period of two weeks. Employee benefits and taxes paid may also be included in the amount credited to the CACFP.

<u>Document all sources of income for the food program.</u> This can include monies received from state, federal, local government sources, grants or other funding used to subsidize the food program, any payments for meals, and any donations of food, supplies, equipment, or cash to the food program. Total all income sources.

<u>Food receipts are examined during monitoring reviews</u>. The MDHSS-BCFNA nutritionist will examine food receipts and invoices to determine whether or not the center has purchased adequate amounts of food to meet the minimum meal pattern requirements and that they support the menu. Key food items of interest that are easily tracked through the monitoring process are perishable foods such as bread, milk and the purchase of fresh produce. These items must be purchased or delivered on a regular basis due to their limited shelf life.

Fluid milk is a required meal component at breakfast, lunch, and supper meals. Milk purchase requirements are based on the institution's monthly claim for reimbursement for these meals.

Required Serving Per Meal	Servings Per Gallon	Age of Participants
4 oz. (1/2 cup)	32 servings	1-2 years
6 oz. (3/4 cup)	21 servings	3-5 years
8 oz. (1 cup)	16 servings	6 and over



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

#### **DOCUMENTATION OF NON-PROFIT FOODSERVICE**

CILITY NAME						CLAIM MO	NTH
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	Х	HOURS WORKED PER DAY ON FOOD SERVICE	х	DAYS WORKED PER MONTH	=	SUB TOTALS
		X		х		=	
		х		х		=	
		х		х		=	
		х		х		=	
		х		х		=	
		х		х		=	
		х		х		=	
		х		х		=	
				TOTAL	LABOR COST	=	

INDIRECT COSTS	AMOUNT	х	PERCENT OF FOODSERVICE USEAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS		GRAND TOTAL SPENT ON CACFP
		х		II		TOTAL FOOD COSTS	
		х		II		(MAINTAIN RECEIPTS)	
		х		=		TOTAL LABOR COSTS	
		х		=		TOTAL INDIRECT COSTS (IF APPLICABLE)	
TOTAL INDIRECT COS	тѕ			=		GRAND TOTAL =	

MO 580-1458 (5-08)

## **Training Documentation**

<u>Documentation of annual CACFP Training is a requirement of the CACFP</u>. The center management is responsible for training center staff on CACFP topics at least once a year. This training is in addition to the orientation training provided by MDHSS-BCFNA. Your training can be formal or informal; however, it must be documented.

Documentation of training must include:

- a. Training date training length (minutes or hours)
- b. Training topic(s)
- c. Trainer name and position/title
- d. Training Location
- e. Attendee must provide signature, printed name and position title

The CACFP Training Documentation form (CACFP-222) may be used to document your CACFP training or you may develop a form to include the training requirements. CACFP-222 is located on page 43 in this workbook and on page 27 in the Recordkeeping Essentials booklet.

USDA requires that training cover at a minimum the following topics:

- CACFP meal pattern requirements
- Meal count procedure
- Recordkeeping requirements
- Reimbursement system
- Claim submission & review procedures
- Civil Rights

In addition, the National Food Service Management Institute (<u>www.nfsmi.org</u>) assessed the top five training needs identified by child care center directors as:

- 1. Food safety procedures
- 2. Mealtime, a positive experience
- 3. Introducing new foods to children
- 4. Meal pattern requirements
- 5. Preventing food waste



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

#### **ANNUAL TRAINING DOCUMENTATION**

DATE	TRAINING LENGHT
TRAINING LOCATION	
TRAINER NAME	TITLE / POSITION
TOPIC(S) PRESENTED: (CHECK ALL THAT APPLY.)	
☐ Meal Pattern Requirements*	☐ Daily Attendance Records
Recordkeeping Requirements*	☐ Creditable Foods
	☐ Child Nutrition
☐ Reimbursement System*	☐ Fostering Healthy Eating Habits
☐ Claim Submission & Review Procedures*	Menus
☐ Civil Rights Training	Other
☐ Infant Feeding (if applicable)	

#### **Attendance Sign-In**

Name (signature)	Print Name/Position
MO 580-1459 (5-10)	CACFP-222

MO 580-1459 (5-10)
\*REQUIRED TRAINING per Federal Regulation 7 CFR 226.15(e)(14)

<sup>\*</sup>Training must include instruction, appropriate to the level of staff experience and duties, on Program requirements. Attach a copy of the training outline or lesson plan to this form.

### **Civil Rights Compliance**



Centers participating in the CACFP are required to comply with the following civil rights obligations:

- Complete a Beneficiary Data Report annually. A Beneficiary Data Report (CACFP-226) must be completed once a year to report the racial/ethnic category of participating children in your center. Determine the child's racial/ethnic category visually using your best judgment. This form is found on page 45in this workbook and is available at: http://www.dhss.mo.gov/cacfp/AppsForms.html
- <u>Display the "And Justice for All" and the "Building for the Future" posters in a prominent location</u> in the building. These posters are available at: <a href="http://www.dhss.mo.gov/cacfp/Publications.html">http://www.dhss.mo.gov/cacfp/Publications.html</a>
- <u>Make program information available to the public upon request.</u> In some situations, parents may request specific information about the CACFP. The center must be prepared to provide this information to the parent on request. MDHSS offers several pamphlets and brochures that explain the Program and the benefits that are available at: <a href="http://www.dhss.mo.gov/cacfp">http://www.dhss.mo.gov/cacfp</a>
- Provide program information in the appropriate translation when necessary. In some areas of the state, requests have been made for Spanish and other language translation of Program information. Spanish and 17 other language translations of the parent letter are available for download at:

  http://www.fns.usda.gov/cnd/Care/Translations/Meal\_Benefit\_Form\_Translations.htm.
- Provide the nondiscrimination statement and procedure for filing a complaint in any Program material directed to the parents and guardians. If the center has a parent handbook or a policy booklet that is given to parents or others in the community, and the center indicates that it is participating in the CACFP, then you must provide the nondiscrimination statement and procedure for filing a complaint. This information is printed on the "And Justice for All" poster and available for download at: <a href="http://www.dhss.mo.gov/cacfp/USDAStatement.html">http://www.dhss.mo.gov/cacfp/USDAStatement.html</a>
- Forward complaints of discrimination to MDHSS-BCFNA. All complaints of discrimination, written or verbal, including anonymous complaints, must be forwarded to MDHSS-BCFNA within four days of receipt. Provide all available information and details.



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

#### **BENEFICIARY DATA REPORT**

A Beneficiary Data Report must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgement. A participant may be included in the category to which he or she appears to belong, identifies with, or is regarded as a member of by the community.

NAME OF CENTER/FACILITY:	
ADDRESS:	
Ethnic Category (Evaluate all participants for ethnicity first)	Number of Participants
<b>Hispanic, Latino or Spanish origin</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Racial Category (Evaluate all participants for race. Individuals may be counted in one or more categories)	Number of Participants
American Indian or Alaskan Native— A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<b>Asian</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black, African American or Haitian – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
Total number of participants evaluated.	
SIGNATURE OF DIRECTOR	DATE
	1

## **Monitoring Reviews**

Federal and state regulations require centers to maintain complete and accurate records. The USDA requires program participants to be able to account for each dollar they receive in reimbursement. MDHSS is required to ensure that centers are accountable for all money they receive and are in compliance with Program regulations. A Nutritionist will visit the center at least every three years or sooner to conduct fiscal and meal service monitoring reviews.

Monitoring visits to centers may be announced in advance or they may be unannounced. If announced in advance, the center will receive a letter but no date will be specified. The review may be conducted at any time within 45 days from the date on the letter. For unannounced visits, no advance notification will be given.

The center may contact our office if there are days that they know they will not be available although, according to Section for Child Care Regulation, "another responsible individual shall be designated to be in charge of the facility" in the absence of the director.

For all monitoring visits/reviews, <u>all Program records must be made available to the Nutritionist within one hour of Program reviewer's arrival</u>. Failure to make any and/or all records available within the required time may result in findings, corrective action and/or overclaims.

Centers must maintain all required records on file for a period of three full fiscal years after the final claim for reimbursement for the fiscal year was submitted or longer if audit findings have not been resolved. The federal fiscal year begins October 1 and ends September 30 of each year.

#### **Summary**

- Monitoring review visits to centers may be announced or unannounced.
- Records, menus, and civil rights compliance will be reviewed.
- At least one meal will be observed.
- Reviewer will show identification as a State employee.

The Monitoring Review Checklist on page 47 is provided to help centers prepare for the review. For specific Program requirements, refer to Chapter 9 "The Monitoring Visit", in the CACFP Policy and Procedure Manual or view/download at: http://www.dhss.mo.gov/cacfp/LawsRegs.html#childcare.

## **Monitoring Review Checklist**

Income Eligibility Forms (CACFP-205) signed & dated by parent or guardian and center official.
Daily Attendance records (CACFP-213) and meal count sheets (CACFP-225 or 225A).
CACFP Enrollment records (CACFP-229) with original date of enrollment for all children.
Daily dated menus that meet Program requirements (CACFP-218, 218A or 218AA).
If meals are catered/vended, a copy of the food service contract or agreement, most recent health inspection, <b>and</b> production records for all catered meals (CACFP-223).
Documentation of non-profit food service includes verification of <b>income</b> to food program and <b>expenditures</b> including: food purchase invoices/receipts; labor & indirect costs (CACFP-214).
If licensed for infants, Individual Infant Meal record (menu) <b>and</b> Infant Feeding Preference forms (CACFP-215, 216 & 217).
Processed food documentation: CN label, manufacturer's product analysis or facility documentation.
Medical Food Substitution form(s) (CACFP-227), if applicable.
<b>For-profit centers</b> must provide a current contract with Family Support Division (FSD) and billing invoices to FSD for participants who are beneficiaries of Title XX.
A copy of the most recent sanitation inspection report conducted by the state/local health department.
Beneficiary Data report (CACFP-226) completed by visual identification of racial/ethnic category.
Documentation of CACFP training (CACFP-222) conducted by the center management, which includes: dates, locations, topics, and names of staff participants.
The fully executed CACFP contract for the current fiscal year.
Current child care license, issued by Missouri Department of Health & Senior Services, Section for Child Care Regulation.
An "And Justice for All" poster and a "Building for the Future" poster displayed in a prominent location, visible to the public available at: <a href="http://www.dhss.mo.gov/cacfp/Publications.html">http://www.dhss.mo.gov/cacfp/Publications.html</a> .
The CACFP information that centers provide to parents/guardians.
If a sponsoring organization (own/operate two or more centers), documentation of site monitoring visit reports (CACFP-404).
Centers must retain Original records. Download forms at: <a href="http://www.dhss.mo.gov/cacfp/AppsForms.html">http://www.dhss.mo.gov/cacfp/AppsForms.html</a> .
The CACFP Policy and Procedure and Recordkeeping Manuals are available at:

 $\underline{http://www.dhss.mo.gov/cacfp/LawsRegs.html}.$ 

### **Summary of Required Records**

(CACFP form number in parentheses)

#### **Income Eligibility Form (IEF) - (CACFP-205)**

This form is very important as it determines Program eligibility and meal reimbursement rates. Give IEFs to all parents to complete with their enrollment packet and then annually thereafter. Expired IEFs must be replaced with new IEFs annually (once per year).

File completed forms alphabetically by last name in a 3-ring binder. Place blank copies in a folder.

# <u>Parent Letter</u> - (page 9 in this workbook & page 6 in the Income Eligibility Guidance booklet)

The letter must be given to parents explaining center's participation in the CACFP. The letter is revised for each claim year on July 1. Make sure parents are given the latest version.

Print the letter on the back of the IEF and file the IEF as suggested above.

#### **Child Enrollment Form - (CACFP-229)**

The form must include all requested information and the date of the parent's signature. The MDHSS CACFP Child Enrollment form is **required** and must be **updated annually**.

File completed forms alphabetically by last name in a 3-ring binder. Place blank copies in a folder.

# <u>Daily Attendance Record</u> - (CACFP-213) or <u>Time In/Time Out Record</u> - (CACFP-221)

A daily attendance record of each child is **required** for completing reimbursement claims.

Keep active record on a clipboard or in a folder.

File completed monthly records in a manila envelope or folder labeled with the appropriate month and year.

#### **Meal Count Record** - (CACFP-225)

Meal count records are **required** and must be recorded at the time of service (point of service) for each meal and/or snack the center is approved to claim for reimbursement. **Keep an active record on the clipboard or in a folder. File these records with the attendance records. File completed records in the folder or envelope for the month.** 

#### **Food Service Expenses**

Original itemized food and milk receipts and invoices for food service supply purchases (non-food) must be kept to verify that CACFP funds are used to support the food service.

File in the folder or envelope for the month.

#### <u>Documentation of Non-Profit Foodservice</u> - (CACFP-214)

This record must be completed any month when receipts for food and food service supplies total less than the CACFP claim. Record the salary of the cook and other food service staff that includes hours spent on food service tasks. Salary and time devoted administratively to recordkeeping may also be counted.

File in the folder or envelope for the month.

#### **Menus** - (CACFP-210 and 218)

Menus are required to verify that the nutritional standards of the CACFP are followed. Please use the menu form provided by CACFP.

Keep the current active menu on a clipboard or in a folder. When completed, file the menu in the folder or envelope for the month.

#### **Processed Food Documentation**

Documentation is required if your center uses processed foods (such as chicken nuggets, fish sticks, ravioli, etc.) to include: Child Nutrition (CN) labels; manufacturer's product analysis; or facility documentation.

File in folder or notebook.

#### <u>Title XX Documentation</u> - For Profit centers only

Documentation includes Family Support Division (FSD) vendor invoices, a copy of the contract with FSD for vendor children and an enrollment roster with names of vendor children marked.

File in folder or notebook.

#### Individual Infant Meal Record (menu) - (CACFP-215, 216, and 217)

Required if the center is licensed to care for infants.

Keep the current active menu on a clipboard or in a folder. When completed, file the menu in the folder or envelope for the month.

#### <u>Infant Feeding Preference form</u> - (no form number)

Required if the center is licensed to care for infants.

File in folder or notebook.

#### **Training documentation log - (CACFP 222)**

Documentation of **annual** CACFP training for the center staff is required. Use of the CACFP provided form is optional.

File in folder or notebook.

#### **Beneficiary (racial/ethnic) Data - (CACFP-226)**

Documentation of annual completion of this form is required.

File in folder or notebook.

#### <u>Medical Food Substitution Record</u> - (CACFP-227)

Required when food substitutions are necessary and authorized by a medical authority for children with special dietary needs.

File in individual child's file.

#### **Sanitation and Fire Inspection Records**

File in folder or notebook.

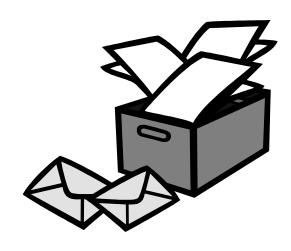
#### **Current CACFP contract**

File in folder or notebook.

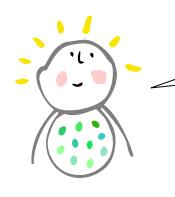
The following items  $\underline{must}$  be posted at your center in an area that is visible to the public:

- "And Justice for All" Poster
- "Building For The Future" Poster
- Current Child Care License or License Exempt Letter (DC-100)

CACFP forms are available at: <a href="http://www.dhss.mo.gov/cacfp/AppsForms.html">http://www.dhss.mo.gov/cacfp/AppsForms.html</a>
CACFP Posters are available at: <a href="http://www.dhss.mo.gov/cacfp/Publications.html">http://www.dhss.mo.gov/cacfp/Publications.html</a>



# **Organizing Records**



Let's Get Organized!
These supplies will help!

3- ring binder(s) Clip-board(s)

File box or cabinet 12 large envelopes-1 for

File folders each month

3 hole punch Colored highlight markers

#### **Centers must complete**

these records daily (on a clipboard or in a folder) and then file with monthly records (in a labeled binder or notebook) at end of month:

- Attendance records and/or sign-in/out records
- **Meal count** records documented at point of service
- Daily Dated **Menus** meals served that meet Program requirements
- If licensed for infants, individual infant meal records (menus) and Infant Feeding Preference forms

#### **Centers MUST maintain these records monthly:**

- Family Support Division (FSD) vendor invoices (For-Profit Centers only)
- Original food and milk receipts, non-food Program supplies, and documentation of Program labor cost

# Centers must maintain these records <u>yearly</u> (Fiscal Year is October 1 through September 30):

- Copy of current CACFP contract
- Current IEF's and CACFP Enrollment forms (original forms only)
- Copy of CACFP training documentation
- Copy of sanitation inspection reports
- If applicable, copy of contract or agreement and annual renewal with Food Service Management Company (FSMC)
- Copy of beneficiary (racial/ethnic) data

These records should be organized prior to the Nutritionist's monitoring review. It is recommended that records be organized in one folder, binder or envelope – **not** in the participant's individual records.

# Where to Keep Records – Summary

CACFP Enrollment Forms & Income Eligibility Forms (IEFs)	For currently enrolled child	For discharged child
CACFP Enrollment Forms	3- ring binder, front, alphabetical order	In the back of binder or in a folder
IEFs (Signed within current 12 months)	3- ring binder, front, alphabetical order	In the back of binder or in a folder
IEFs (Signed more than 12 mos. prior)	Consolidated yearly files	

Monthly and Miscellaneous Forms					
Food service expenses					
	Place in folder or envelope				
Labor and indirect cost record summarized on the	labeled with month and year				
Documentation of Non-Profit Food Service form	j				

Yearly and Miscellaneous	Forms
Current CACFP contract	
Annual Training Documentation	
Medical food substitution records	
CN Labels or other Processed food documentation	Place in dated folder or envelope
Vended/catered meal agreement or contracts and annual contract renewals, if applicable	labeled with fiscal year
Monitoring visits (sponsoring organizations)	
Sanitation inspections	
Parent letter, current fiscal year	Include in enrollment packet
Parent letter, prior fiscal year	Discard

## **Appeal Procedure**

If you feel you have been treated unfairly by the Child and Adult Care Food Program (CACFP), you have the right to appeal. Actions which may be appealed are those that affect your participation or your claim for reimbursement including, but not limited to:

- Denial of an institution's application for participation;
- Denial of an application submitted by a sponsoring organization on behalf of a facility;
- Notice of proposed termination of the participation of an institution or facility;
- Notice of proposed disqualification of a responsible principal or responsible individual;
- Suspension of an institution's contract;
- Denial of all or part of a claim for reimbursement;
- Demand for the remittance of an overpayment;
- Denial by MDHSS to forward to the Food and Nutrition Service an exception request by the institution or sponsoring organization for payment of a late claim or a request for an upward adjustment to a claim, or demand for remittance of an overclaim; and
- Any other action of the state agency affecting an institution's participation or its claim for reimbursement.

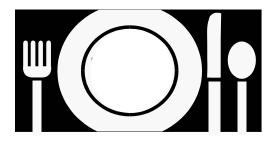
Instructions on how to appeal are included in all correspondence concerning any actions taken by the CACFP. You must submit an appeal request **within 15 calendar days** of receipt of the adverse action from CACFP. For more information on your rights to appeal, please refer to Chapter 12 of the CACFP Policy and Procedure Manual at: <a href="http://www.dhss.mo.gov/cacfp/LawsRegs.html">http://www.dhss.mo.gov/cacfp/LawsRegs.html</a>.

Call or write to CACFP if you have any questions.

Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance P.O. Box 570 Jefferson City, MO 65102 800-733-6251 573-751-6269

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# **Menu Planning**



Menu planning for children is a major responsibility. A well-balanced menu not only serves foods that "go together" and are appetizing to children, but must include the nutrients that children need for good health and normal growth.

Young children, especially children living in low-income households, are at risk for nutritional deficiencies that can limit their physical and mental development. The CACFP Meal Pattern Requirements and Creditable Foods Guide help assure that children participating in the CACFP are served foods that supply the nutrients they need. The Creditable Foods Guide is a reference list of foods that can be "credited" to the CACFP. Child care center menus have a major influence in development of children's eating habits. It is important that menus help establish patterns for healthy eating. The following recommendations will help children to develop healthy eating habits:

- Provide a variety of foods, but never force or bribe a child to eat a food they don't like.
- Include a good source of Vitamin C daily. (See list of Vitamin C sources in this section)
- Include a good source of Vitamin A every other day. (See list of Vitamin A sources in this section)
- Serve foods high in iron. (See list of Iron sources in this section)
- Milk is required at each meal for calcium.
- Serve mother's breast milk or iron fortified infant formula to infants under 12 months of age.
- Use sugars and sweets in moderation.
- Limit foods high in fat, saturated fat and cholesterol.
- Use fats and oils sparingly in food preparation.
- Limit the use of salt and high sodium foods. Teach orderly and positive eating.

- Eat slowly, sitting down at the table. Limit influences that distract from eating. Help children trust their own internal signals of hunger and satisfaction. Allow each child to determine how much to eat, or whether to eat or not. Never make children clean their plates!
- Maintain a regular schedule for meals and snacks.

### **Menu Planning Guidelines**

Menus must be planned to be in compliance with federal regulations and the CACFP requirements. Foods must be selected from the Creditable Foods Guide. All required menu components must be included. Some extra food items may also be used.

- 1. Select a form for menu planning. The USDA menu form is provided as the recommended form. See pages 60 & 61 in this workbook. This form lists the food components required for each meal and snack (supplement). Five-day and seven-day versions are available at: <a href="http://www.dhss.mo.gov/cacfp/AppsForms.html">http://www.dhss.mo.gov/cacfp/AppsForms.html</a>.
- 2. Choose the type of menu format you will use. A cycle menu format is recommended. A cycle menu is a set of menus that are repeated in the same order for a period of time, usually 2, 3, or 4 weeks. It provides variety by offering different foods and/or different food combinations each day during the cycle. A cycle menu provides consistency that simplifies food purchasing and production. NOTE: All **menus must be dated** with "week of", month and year.
- 3. When there are substitutions from the planned menu, mark through the original menu item and enter the substituted item(s). The original dated menu that notes substitutions should be retained with the monthly records.
- 4. Know the cooking abilities of the person(s) preparing the meals. An inexperienced cook may not be able to prepare more complex menu items. Review the menu and recipes with the cook and provide training as necessary.
- 5. Plan menu items based on the equipment available in the center's kitchen. The center's menu should not include baked chicken, baked potatoes and hot biscuits if there is not adequate oven space. Homemade cookies should not be on the menu if the center does not have a mixer.
- 6. Include all food components (page 58) in at least the minimum portion sizes specified on the Food Chart Children (page 59). It is usually easiest to start by planning the main dish or entrée.
- 7. Plan menus that keep the nutritional needs of young children in focus. Be sure to include a good source of iron and Vitamin C daily and Vitamin A every other day.

- 8. Meats such as hot dogs, sausage, and lunchmeat (bologna, salami and others) are high in fat and sodium. They should be served no more than one time per week.
- 9. Sweet type grain/breads may not be a dessert at lunch and supper. Items such as brownies and cookies are creditable only at snacks and should be served no more than two times per week.
- 10. Sweet type Breakfast items, such as sweet rolls and doughnuts should be served no more than one time per week.
- 11. Specify the type of fruit, juice or vegetables on your menus to assure a variety of food is served and to document the nutritional value of the meal.
- 12. Make sure that meals look and taste good!
  - Include foods that are different shapes-round, square, rectangular, wedge-shaped.
  - Choose foods that are different colors-yellow, orange, red, bright green, tan, and white.
  - Combine foods that have different textures-soft, crunchy, crisp, creamy, and smooth.
  - Include foods with different tastes-sweet, sour, tart, salty, spicy, and mild.
- 13. Consider the different ethnic and cultural food habits and preferences of the children.
- 14. Introduce new foods along with familiar foods that children already like.
- 15. Take precautions to limit foods that increase the risk of choking. Children under four years of age are at the highest risk of choking.
- 16. Select or develop standardized recipes for menu items.
- 17. Utilize references available from the USDA, including:
  - Building Blocks for Fun and Healthy Meals / A Menu Planner for the CACFP
  - Food Buying Guide for Child Nutrition Programs Child Care Recipes / Food for Health and Fun
  - Feeding Infants

These and other resources can be downloaded from FNS online at: <a href="http://www.fns.usda.gov/cnd/care/publications/tools.htm">http://www.fns.usda.gov/cnd/care/publications/tools.htm</a>.

18. Set aside time to evaluate and revise menus with input from parents, children, and staff.

# **Standardized Recipes**



It is a big – and very important – job to plan, purchase, prepare, and serve meals that meet the nutritional needs of the children, look and taste good, and are safe to eat. No matter how many children your center serves, the same guidelines apply to produce quality meals. Refer to the "Nutrition Resources for Child Care" in this workbook for other menu tools.

A standardized recipe is one that has been tried several times using the same method and equipment. A standardized recipe produces consistency in product quality and yield (same number of servings) every

time it is used as long as the same procedures, equipment, and ingredients are used. Because standardized recipes specify exact amounts of ingredients, it is easier to manage the cost and storage of foods.

#### **How to Create a Standardized Recipe**

If you want to standardize a recipe, or modify one that is already standardized, you will need to keep accurate records. The following information is to be included in a standardized recipe:

- 1. Ingredients Always list ingredients in the order of use
  - a. Specify the form of the ingredient, such as fresh, frozen, or canned.
  - b. List exact amounts of ingredients by measure, weight, or pack size.
- **2. Preparation Procedures -** Be clear, concise, and complete.
  - a. Include equipment used, utensil, and pan size.
  - b. Specify cooking time and temperature and/or stage, such as boiling or simmering.
- **3. Yield** The amount the recipe will produce
  - a. Portion size.
  - b. Number of portions.

# Four Components in Menu Planning

CACFP nutritional guidelines help assure that children are provided with healthy foods that meet their growing needs. The four components below are used to plan meals and snacks.

Breakfast must contain the milk, grains/breads and vegetable/fruit components.

Lunch and Dinner meals must contain all four components, including two different servings of vegetable/fruit.

Snacks must contain at least two <u>different</u> food components.

Additional foods may be served to provide additional calories and nutrients.

#### **Meat/Meat Alternates**

Lean meat, poultry, fish, cheese, egg, cooked dry beans or peas, Nuts and seeds, nut and seed butters, alternate protein products, Yogurt (creditable at lunch, supper and snack only)

#### **Specifics**

- Required at Lunch and Supper as main dish
- Nuts/seeds/butters can meet only ½ of meat requirement at meals; meets full requirement at snacks
- No more than 2 different meat items creditable at 1 meal
- Lunch meat/Cold cuts, hot dogs no more than 1 time per week

#### Vegetable/Fruit

Fruits and vegetables 100% full strength fruit or vegetable juice Specifics

- 1 serving required at Breakfast
- 2 different kinds required at Lunch & Supper
- Minimum creditable amount-1/8 cup
- Dried beans and peas not counted as both fruit & vegetable and meat at 1 meal
- Juice not served with milk for snacks
- Only one vegetable/fruit creditable for snacks
   (Example <u>Not</u> orange juice and apple wedges)

#### Milk

Whole milk required for 1 year olds Lowfat, 1% or skim preferred after age 2 2% or flavored acceptable. after age 2

#### **Specifics**

- Milk must be fluid
- Serve at all 3 meals: serve as beverage for lunch and supper
- Milk acceptable over cereal at breakfast and snack
- Infants under age 1 are served breast milk or iron-fortified formula, not regular milk

#### Grains/Breads

Whole grain or enriched bread, grains, cereal, crackers, pasta Specifics

- Required at Breakfast, Lunch, and Supper
- Minimum creditable amount is <sup>1</sup>/<sub>4</sub> serving
- Ready-to-eat cereal at breakfast and snack only
- Grain-based chips creditable only 2 times a week and only at lunch and snack
- Coffee cake, doughnuts, sweet rolls creditable at breakfast and snack only and no more than 1 time per week at breakfast
- Grains/Breads may not be dessert at lunch and supper. Cookies and other dessert grains are creditable only at snacks and no more than 2 times per week

Missouri Department of Health and Senior Services - Child and Adult Care Food Program

# Food Chart - Children

		Age 1 through 2	Age 3 through 5	Age 6 through 12
Breakfast				
	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	⅓ cup	½ cup	½ cup
	Grains/Bread	½ slice	½ slice	1 slice
Snack				_
Serve 2 of 4	Fluid Milk	½ cup	½ cup	1 cup
components.	Juice or Fruit or Vegetable <sup>1</sup>	1⁄2 cup	½ cup	³⁄₄ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Grains/Bread	½ slice	½ slice	1 slice
Lunch or	51 1 1 A AU	14	24	
Supper	Fluid Milk	½ cup	<sup>3</sup> ⁄ <sub>4</sub> cup	1 cup
Jupper	Meat, Poultry, Fish, Cheese, or	1 ounce	1 ½ ounces	2 ounces
	Egg, or	1	1	1
	Cooked Dry Beans, Peas, or	1⁄4 cup	3/8 cup	½ cup
	Peanut Butter	2 Tbsp.	3 Tbsp.	4 Tbsp.
	Vegetables and/or Fruits (must serve at least two different varieties²)	1/4 cup total	½ cup total	¾ cup total
	Grains/Bread	½ slice	½ slice	1 slice

<sup>&</sup>lt;sup>1</sup>Juice may not be served if milk is the only other component at snack.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

<sup>&</sup>lt;sup>2</sup>A minimum of 1/8 cup of each must be served.

NAME OF CENTER/FACILITY			WEEK OF		YEAR
BRFAKFAST	DATE	DATE	DATE	DATE	DATE

	T		T	T	
BREAKFAST	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Other Foods					
SUPPLEMENT Serve 2 of 4 choices.					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
LUNCH					
Fluid Milk					
2 Servings of Fruit and/or					
Vegetables					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					

MO 580-1463 (6-04) CACFP-218



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

MENU – USDA REQUIREMENTS

NAME OF CENTER/FACILITY	WFFK OF	YEAR
NAME OF CENTER/FACILITY	VVEEKUE	YEAR
17 (IV) C O C C C C C C C C C C C C C C C C C		

		T	1		
SUPPLEMENT Serve 2 of 4 choices.	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
SUPPER					
Fluid Milk					
2 Servings of Fruit and/or					
Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
SUPPLEMENT Serve 2 of 4 choices.					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					0.050.04

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NAME OF CENTER/FACILITY Love-N-Stuff Day Care WEEK OF June 1 to June 5 YEAR 20XX

BREAKFAST	Monday June 1	Tuesday June 2	Wednesday June 3	Thursday June 4	Friday June 5
Fluid Milk	Milk	Milk	Milk	Milk	Milk
Juice, Fruit, or Vegetable	Applesauce	Sliced Peaches	Orange Sections	Grape Juice *	Pears
Grains/Bread Component	Waffle	Oatmeal	Bagel	Cheerios	Biscuit
Other Foods	Syrup	Raisins	Cream Cheese		Sausage
SUPPLEMENT Serve 2 of 4 choices.	Quesadilla				
Fluid Milk			Milk		
Juice, Fruit, or Vegetable		Pineapple juice		Apple Slices	Apple juice
Grains/Bread Component	Flour Tortilla	Bread	Graham Crackers		Banana bread (HM)
Meat or Meat Alternate	Cheese	Peanut Butter		Cheese	
Other Foods	Mild Salsa & Water			Water	
LUNCH	Ham & Beans (HM)				
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or	Broccoli	Tater Tots	Green Beans	Stir-Fry Vegetables	Cooked Carrots
Vegetables	Tropical Fruit Salad	Banana	Peaches	Plums	Pineapple Chunks
Grains/Bread Component	Corn Bread	Hot Dog Bun	Roll	Bread	Bun
Meat or Meat Alternate	Navy Beans	Beef Hot Dog	Chicken Nuggets (CN)	Ham & Cheese	Fish Patty (CN)**
Other Foods	Ham (for flavoring)	Mustard, Ketchup	Ketchup	Mustard, Mayo	Tartar Sauce

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HM = Homemade

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<sup>\*</sup>Juices should be vitamin C fortified

<sup>\*\*</sup>Processed meat should have CN label or other documentation





NAME OF CENTER/FACILITY Love-N-Stuff Day Care II WEEK OF June 8 to June 12 YEAR 20XX

BREAKFAST	Monday June 8	Tuesday June 9	Wednesday June 10	Thursday June 11	Friday June 12
Fluid Milk	Milk	Milk	Milk	Milk	Low Fat Milk
Juice, Fruit, or Vegetable	Orange Juice*	Hash Browns	Pineapple Juice	Grapes	Grapefruit Sections
Grains/Bread Component	Pancakes	Toast	Cream of Wheat	Monkey Bread (HM)	Raisin Bran Cereal
Other Foods	Butter, Syrup	Boiled Egg	Br. Sugar & Cinnamon		
SUPPLEMENT Serve 2 of 4 choices.					
Fluid Milk	Chocolate Milk			Milk	
Juice, Fruit, or Vegetable		Strawberries	Cantaloupe		Apple Juice
Grains/Bread Component	Animal Crackers		Wheat Thin Crackers	Oatmeal-Raisin Cookie	Bread Stick
Meat or Meat Alternate		Yogurt			
Other Foods		Water	Water		Pizza Sauce
LUNCH		Pizza (HM)		Macaroni & Cheese (HM)	
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or	Peas	Tossed Salad	Mashed Potatoes	Spinach	Baked Fries
Vegetables	Pineapple Tidbits	Watermelon	Spinach	Apricots	Fruit Salad
Grains/Bread Component	Spaghetti Noodles	Pizza Crust	Roll	Macaroni	Corndog Breading (CN)
Meat or Meat Alternate	Ground Beef	Sausage, Cheese	Roast Beef	Cheese	Corndog (CN)**
Other Foods	Garlic Bread, Spaghetti Sauce	Dressing, Pizza Sauce	Gravy		Ketchup, Mustard

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HM = Homemade

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<sup>\*</sup>Juices should be vitamin C fortified

<sup>\*\*</sup>Processed meat should have CN label or other documentation





NAME OF CENTER/FACILITY Bad Apple Day Care WEEK OF June 1 YEAR 20XX

	Monday	Tuesday	Wednesday	Thursday	Friday
BREAKFAST	June 1	June 2	June 3	June 4	June 5
	Julie 1	Julie 2	June 3	June 4	June 3
Fluid Milk	Milk	Milk	Milk	Milk	Milk
Juice, Fruit, or Vegetable	Scrambled Eggs	Applesauce	Juice	Raisin Bread	Butter
Grains/Bread Component	Toast	Sausage	Oatmeal	Bacon	Waffle
Other Foods					
SUPPLEMENT Serve 2 of 4 choices.					
Fluid Milk		Yogurt	Pudding		
Juice, Fruit, or Vegetable	Apple Juice	Peaches			Celery Sticks
Grains/Bread Component	Carrot Sticks		Vanilla Wafers	Crackers	Popcorn
Meat or Meat Alternate				Cheese	
Other Foods				Water	
LUNCH					
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or Vegetables	Potato Chips	Macaroni	Plums	Ketchup, Pickles	Pineapple Chunks
	Fruit	Banana	Green Peas	Baked Beans	Cole Slaw
Grains/Bread Component	Bun	½ slice bread	Garlic Bread	Fries	Rice
Meat or Meat Alternate	Hot Dog	Cheese	Spaghetti	Hamburger	Red Beans
Other Foods					

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#### **Medical Food Substitutions**

Children with medical or special dietary needs may not be able to eat the center's standard menu. Exceptions to the CACFP meal pattern requirements are only approved when a medical food substitution record (CACFP-227) is on file.

Child care centers participating in the CACFP are <u>required</u> to make menu substitutions or meal pattern modifications for a participant when the participant's disability (handicap) affects one or more "major life activity". A participant whose disability restricts his or her diet (eating is a major life activity) shall be provided food substitutions only when supported by a *Medical Food Substitution Record* (CACFP-227) signed by a recognized medical authority (licensed physician, physician assistant, or nurse practitioner). The food substitution statement must identify:

- The medical disability and an explanation of why the disability restricts the participant's diet;
- The major life activity affected by the disability, and
- The food or foods to be omitted and the food or foods that must be substituted.

Child care centers *may* make food substitutions (although this is not required) on a case by case basis for participants who are unable to consume a food item because of medical or other special dietary needs. Such substitutions are made on an individual basis when supporting documentation, signed by a recognized medical authority, is on file.

Variations in the food components of meals due to ethnic, religious, economic, or physical needs may be made with approval from the Food and Nutrition Service (FNS). Consideration for the substitution, if determined to be nutritionally sound, must be submitted in writing to MDHSS-BCFNA.

For more information on food substitutions, see Chapter 7.5 of the Child Care Centers Policy and Procedure Manual or download the form at: <a href="http://www.dhss.mo.gov/cacfp/AppsForms.html">http://www.dhss.mo.gov/cacfp/AppsForms.html</a>.



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

#### **MEDICAL FOOD SUBSTITUTION RECORD**

The Child & Adult Care Food Program Requirements for Meal Pattern Substitutions Section 7.5 require food substitutions to be authorized by a recognized medical authority. Recognized medical authority includes physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

diet and the food or choice of foods that may be substituted.								
PATIENT'S NAME:								
MEDICAL DIAGNOSIS / REASON:								
SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:								
FOOD SUBSTITUTION LIST:								
Fluid Milk	Allowed Substitutes	Texture (e.g	., cut up, ground mince, puree, liquidity)					
Meat & Meat Alternative (e.g., eggs, cheese peanut butter,	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, li						
dry bean, yogurt, etc.)	7 Howed Cubstitutes	Texture (e.g	i., out up, ground million, purce, liquidity)					
Bread, Cereal or								
Whole Grain Products	Allowed Substitutes	Texture (e.g	., cut up, ground mince, puree, liquidity)					
Fruit & Vegetables or Juice	Allowed Substitutes	Texture (e.g	., cut up, ground mince, puree, liquidity)					
Additional Dietary Concerns and/or Required Equipment or Assistance Needed:								
I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.								
SIGNATURE	TITLE		DATE					
10.500.0044 (0.00)			0.055.00					

MO 580-2641 (8-06) CACFP-227

### FOOD SOURCES OF KEY NUTRIENTS

#### **Good Sources:**

Liver (beef, pork, chicken, turkey)

Beef

Turkey (dark meat)

Pork

Dried beans and peas

Black-eyed peas

Kidney beans

Pinto beans

White beans

Chickpeas

Eggs

Iron fortified breakfast cereals

Enriched or Whole Grain breads

Fortified grains and breads

Spinach

Broccoli









### FOOD SOURCES OF KEY NUTRIENTS

# Vitamin A

#### **Excellent Sources:**

Dark leafy green vegetables:

Spinach

Collard greens

Mustard greens

Kale

Turnip greens

Beet greens

Chard

**Bok Choy** 

Pumpkin

Carrots

Sweet potato

Sweet red peppers

Cantaloupe

Winter squash (acorn, butternut, etc.)

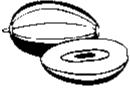
Mango

**Apricots** 

Broccoli

Liver









#### **Good Sources:**

Green peas

Watermelon

Peaches

**Nectarines** 

Cheese

Eggs

Tomato products

Mixed vegetables with carrots

## FOOD SOURCES OF KEY NUTRIENTS

# Vitamin C

#### **Excellent Sources:**

Orange juice

100% fruit juices enriched with Vitamin C

Citrus fruits:

**Oranges** 

Grapefruit

Canned mandarin oranges

Tangerine

Tangelo

Broccoli

Asparagus

Brussels sprouts

Cauliflower

Snow peas

Peppers (green bell and sweet red)

Melons:

Cantaloupe

Honeydew

Mango

Papaya

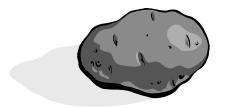
Kiwi

Guava

Strawberries











#### **Good Sources:**

**Potatoes** 

Sweet potatoes

Cabbage

Pineapple

Tomatoes

Lima beans

Watermelon

Blackberries

Leafy green vegetables:

Spinach

Collard greens

Mustard greens

Turnip greens

#### **Processed Food Documentation**

Food that is purchased ready to heat and serve, commonly called "convenience food" is becoming popular in child care centers. Rather than "cooking from scratch", some centers choose to purchase the meat/meat alternate products due to the lack of skilled labor, inadequate kitchen equipment, or for other reasons. Because the quality of processed foods varies greatly from manufacturer to manufacturer and from product to product, all processed foods must have documentation to verify the meal pattern contribution to the Child and Adult Care Food Program. There are *three types* of processed food documentation:

### 1. Child Nutrition Label (CN Label) - The Child Nutrition

Labeling Program is a voluntary federal labeling program. CN Labeled products ensure that the food provides the stated contribution toward the CACFP meal pattern requirements. These foods are processed under a Quality Control plan using guidelines provided by USDA's Food and Nutrition Service (FNS). CN Labels are only available for items that contribute to the meat/meat alternate component such as:

- Breaded beef patties, chicken nuggets, fish sticks, etc.
- Cheese or meat pizzas
- Burritos
- Egg rolls
- Ravioli

#### The CN label will must contain the following information:

- The CN logo has a distinct border
- USDA authorization
- A 6-digit product identification number\*
- The month and year of approval\*\*

#### Example:

This 5.00 oz. Pizza with Ground Beef and Vegetable Protein Product provides 2.00 oz. equivalent meat/meat alternate, ½ cup serving of vegetable, and 1½ servings of grain/bread for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA XX-XX\*\*)

2. Product Formulation Statement - on manufacturers' letterhead and signed by a representative of the manufacturer. This product statement (example on page 72) demonstrates how the processed product contributes to the meal pattern requirements. It is the institution's responsibility to request and verify that the processed food documentation is accurate prior to purchasing processed products. A Reviewer's Checklist (www.fns.usda.gov/tn/resources/smi\_checklist.pdf) and an updated sample Product Formulation Statement template (www.fns.usda.gov/tn/resources/smi\_appendixl.pdf) for a meat/meat alternate (M/MA) product. It should be noted that a Product Formulation Statement does not provide any warranty against audit claims.

## **Manufacturer's Product Formulation Statement**

The product analysis/formulation statement is a detailed information sheet from the product manufacturer. It identifies the weight of the food components and the product's contribution to the meal pattern. The analysis sheet contains:

- Product name
- Food components in the product that contribute to the meal pattern
- Product's total contribution towards the meal pattern
- Statement of vegetable protein product contained in the product
- Original signature of a company official and
- The date
- **3. Center Product Analysis** The center may separate breading from whole pieces of breaded meat products, such as fish sticks (not minced fish). Weigh the cooked meat after the breading has been removed. Repeat for three or more samples to get an average weight. Document the product brand name, the manufacturer, the weight of the meat portion of the product. Finally, indicate the number of pieces or portions to be served to the different age groups. Keep this documentation with your monthly CACFP records. See page 73 for additional information.

Important! It is not enough just to have the CN label, product formulation statements or center analysis documentation. The product information (product yield) must be used to determine the portion size/amount you must serve in order to provide enough meat/meat alternate for the age groups in the center.

#### **Example: Manufacturer's Product Formulation**

Example: Manufacturer 51 roduct Formulation
XYZ Burrito Factory
Effective Date: August 23, 2010 Product No. 9999
Total weight of precooked product: 4.00
Total of raw meat: <u>0.650 oz.</u>
Percent of fat of raw meat: Not to exceed 30%
Weight of dry Volume Per Package (VPP): <u>0.094 oz.</u>
Weight of liquid used to hydrate VPP: <u>0.176 oz.</u>
Percent of Protein in dry VPP: 52%
Weight of raw meat and hydrated VPP: <u>0.920</u>
Type of VPP used: XX Flour: Isolate:
Weight of other ingredients: 1.005 oz.
Weight of pinto beans: <u>0.325 oz. Factored Wt. 0.503</u>
Weight of cheese: none
Weight of cooked meat with VPP: <u>0.644 oz.</u>
Total weight of filling: 2.25 oz.
Total weight of enriched flour tortilla: 1.75 oz. 1.59 serving
I

I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternative toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product formulation will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: \_\_\_\_\_ cases - Red Chili Beef, Bean and Chicken Burrito, 4.00 oz. Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat alternate and 1.50 bread servings.

This is the important information

James Smith Director of Manufacturing

Title

XYZ Burrito Factory August 23, 2010

#### **Center Product Analysis**

Breaded meat products may be analyzed by the center to determine the amount of meat provided.

- 1. Record the brand and product name.
- 2. Cook the product and remove the breading from the cooked product.
- 3. Weigh the cooked meat without the breading. Weigh a minimum of 3 samples to verify uniform amounts.
- 4. Record the amount of cooked meat provided by each piece of product.
- 5. List the number of product pieces required to meet the serving sizes of each age group.
- 6. Record the date of the analysis.

#### **Example:**

#### **ABC Crunchy Fish Sticks**

Cooked fish sticks with breading removed were weighed on May 2, 2010.

Each ABC Crunchy Fish Stick contained ¼ ounce of fish.

The following lists the number of fish sticks needed by each age group for the meat component at lunch or supper.

Age Group	Number of Fish Sticks
1 through 2 years	4
3 through 5 years	6
6 through 12 years	8



#### **Important Note:**

All documentation regarding processed foods must be maintained in the center files. If no information is available at the time of a monitoring review, **meals containing the processed foods may be disallowed.** 

## **Feeding Infants**

Child care centers <u>must offer meals</u> that meet the CACFP infant meal pattern requirements <u>to all infants through 11 months of age that are enrolled in the center</u>.\*

### **Summary of CACFP Infant Requirements**

(More detail in CACFP Policies 5.11 and 7.2)

- **Requirement** At least one brand of *infant formula* must be on hand at the center ("house formula") and offered as a choice.
- **Requirement** Every infant must have an individual *Infant Feeding Preference* (IFP) form to document the breastmilk/formula and solid food feeding preferences. (page 75)
  - o All infants must have an IFP form on file, signed and dated by parent or guardian.
- **Requirement** Serve infant meals that meet requirements of *Food Chart for Infants*. (page 76)
- **Requirement** Infants must be *recorded on the attendance records*, *meal count records* and *claim* for reimbursement the same as for older children.
- **Requirement -** Complete an individual *infant meal record (menu)* for each infant in care according to age: CACFP-215, birth through 3 months; CACFP-216, 4 through 7 months and CACFP-217, 8 through 11 months. (page 77-79)
  - o Complete a daily menu for each infant and keep with other monthly records.
- Support breastfeeding. Meals consisting of breastmilk provided by the mother can be claimed for reimbursement :
  - o When Breastmilk is served by center staff.
  - o May initially offer less than minimum amount of breastmilk to avoid waste. Offer more as needed; feed on demand.
- Introduce solid foods of appropriate texture and consistency when each infant is developmentally ready involve parents in decision of when to start each food.
- Serve infant meals when infants are hungry, on demand.
- You may claim meals consisting of infant formula provided by parents.
- For infants over four months of age, **the center must provide** the other appropriate food components as indicated by the Food Chart for Infants to continue claiming.
- Fruit juice should not be offered to infants until they are six months old and ready to drink from a cup.
- \*Parent requests to feed infant formula beyond 13 months of age require a statement from a recognized medical authority that must be kept on file.



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

#### **INFANT FEEDING PREFERENCE**

Name of infant		Date of Birth	
CENTER NAME HERE  (name of provider) will provide iron fortified infant formula	•	ant breastmilk provide	d by you and / or we
The formula we provide is:		E" FORMULA	
Please mark your preference (choose all that apply)	Date Birth – 3 months	Date	Date8 – 11 months
I will bring expressed breastmilk for my infant.			
I will come to the center to breastfeed my infant.			
I want the center to provide formula for my infant.			
I will bring formula for my infant. Please list kind of formula you will bring:			
This center is participating in the Child for reimbursement, the center must providevelopmentally ready for them.		_	
Please mark your preference	Date4 – 7 months	Date8 – 11 months	
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.  I will bring solid food for my infant when he / she is ready for it.			
First Signature of Parent / Guardian		Date	<u> </u>
Second Signature of Parent / Guardian _		Date	e
Third Signature of Parent / Guardian		Date	2

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MDHSS-BCFNA 2/05

-	nt of Health and Senior Services - Child			
	hart – Infants	Age (months) 0 through 3	Age (months) 4 through 7	Age (months) 8 through 11
Broakfact	Iron-fortified Infant Formula 1 or	4 to 6 fluid ounces	4 to 8 fluid ounces	6 to 8 fluid ounces
Dicakiasi	Iron-fortified Infant Formula <sup>1</sup> or Breastmilk <sup>2</sup>	4 to 6 fluid ounces <sup>3</sup>	4 to 8 fluid ounces <sup>3</sup>	6 to 8 fluid ounces <sup>3</sup>
	Iron-fortified Dry Infant Cereal		0 to 3 Tbsp (when ready) 4	2 to 4 Tbsp.
	Fruit and/or Vegetable <sup>4</sup>			1 to 4 Tbsp.
Snack	Iron-fortified Infant Formula <sup>1</sup> or	4 to 6 fluid ounces	4 to 6 fluid ounces	2 to 4 fluid ounces
SHACK	Breastmilk <sup>2</sup> or	4 to 6 fluid ounces <sup>3</sup>	4 to 6 fluid ounces <sup>3</sup>	2 to 4 fluid ounces <sup>3</sup>
	Full Strength Fruit Juice			2 to 4 fluid ounces
	Whole grain or enriched crusty bread or			0 to 1/2 slice (when ready) 4
	Cracker type products			0 to 2 (when ready) <sup>4</sup>
Lunch or	Iron-fortified Infant Formula 1 or	4 to 6 fluid ounces	4 to 8 fluid ounces	6 to 8 fluid ounces
	Breastmilk <sup>2</sup>	4 to 6 fluid ounces <sup>3</sup>	4 to 8 fluid ounces <sup>3</sup>	6 to 8 fluid ounces <sup>3</sup>
Supper	Fruit and/or Vegetable <sup>5</sup>		0 to 3 Tbsp (when ready) 4	1 to 4 Tbsp.
	One or more of the following:			1 to 4 Tbsp.
	Iron fortified infant cereal		0 to 3 Tbsp. (when ready) <sup>4</sup>	2 to 4 Tbsp.
	Meat, Poultry, Fish, Egg Yolk, cooked			1 to 4 Tbsp.
	Dry Beans or Peas			
	Cheese			½ to 2 ounces
	Cottage Cheese			1 to 4 ounces (volume)
	Cheese food or cheese spread			1 to 4 ounces (weight)

<sup>&</sup>lt;sup>1</sup>Meals containing iron-fortified infant formula provided by the infant's parent can be claimed for reimbursement. All other food components (per this chart) must be provided by the center or daycare home provider.

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<sup>&</sup>lt;sup>2</sup>Meals containing only breastmilk can be claimed for reimbursement. All other food components (per this chart) must be provided by the center or daycare home provider.

<sup>&</sup>lt;sup>3</sup>Providers may serve less than the minimum regulatory requirement of breastmilk to avoid waste. If the full regulatory portion of breastmilk is not offered initially, then additional breastmilk must be offered if the infant is still hungry.

<sup>&</sup>lt;sup>4</sup>A serving of this component is required only when the infant is developmentally ready to accept it.

<sup>&</sup>lt;sup>5</sup>Juice does not fulfill the fruit/vegetable requirement at breakfast, lunch or supper.



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

## 0 THROUGH 3 MONTHS

#### **INDIVIDUAL INFANT MEAL RECORD**

INFANT'S NAME			S CLAIMED			AGE (M	ONTHS)	DATE OF	BIRTH	
			Breakfast L	unch	Snack Supper					
CENTER/PROVIDER		•	BREAST	MILK		FORMU	ILA TYPE	CLAIM M	ONTH/YEAR	
				YES	☐ NO					
			CLAIM	ONLY A	PPROVED MEALS	•				
	DATE		DATE		DATE		DATE		DATE	
REQUIREMENTS										
TEGOTILE MENTO	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula										

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MO 580-1805 (9-03)

CACFP-215

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

### 4 THROUGH 7 MONTHS

INDIVIDUAL INFANT MEAL RECORD

INFANT'S NAME	IFANT'S NAME					AGE (MON	AGE (MONTHS)			DATE OF BIRTH		
CENTER/PROVIDER			BREAST	MILK YES	s No	FORMULA	TYPE		MONTH/YEAR			
				CLAIM C	NLY APPRO	VED MEAL	S					
REQUIREMENTS		DATE		DATE		DATE		DATE		DATE		
				С	ircle or list s	pecific food	ls consumed	by this infa	nt			
BREAKFAST Breastmilk or Iron Fortified Infant Formula	4-8 fl. oz.	Breastmilk Formula Rice cereal Barley		Breastmilk Formula Rice cereal Barley		Breastmilk Formula Rice cereal Barley		Breastmilk Formula Rice cereal Barley		Breastmilk Formula Rice cereal Barley		
Iron Fortified Dry Infant Cereal (when ready)	0-3 Tbsp.	Oatmeal Mixed cereal		Oatmeal Mixed cereal		Oatmeal Mixed cereal		Oatmeal Mixed cereal		Oatmeal Mixed cereal		
AM SNACK Breastmilk or Iron Fortified Infant	4-6 fl. oz.	Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		
LUNCH Breastmilk or Iron Fortified Infant Formula	4-8 fl. oz.	Formula A Rice cereal C Barley G	Prunes Apricots Carrots Grn. Beans	Breastmilk Formula Rice cereal Barley	Prunes Apricots Carrots Grn. Beans	Breastmilk Formula Rice cereal Barley	Prunes Apricots Carrots Grn. Beans	Breastmilk Formula Rice cereal Barley	Prunes Apricots Carrots Grn. Beans	Breastmilk Formula Rice cereal Barley	Prunes Apricots Carrots Grn. Beans	
Iron Fortified Infant Cereal (when ready)	0-3 Tbsp.	Mixed cer. P Apples S	Peas Potatoes Sweet pot. Squash	Oatmeal Mixed cer. Apples Bananas	Peas Potatoes Sweet pot. Squash	Oatmeal Mixed cer. Apples Bananas	Peas Potatoes Sweet pot. Squash	Oatmeal Mixed cer. Apples Bananas	Peas Potatoes Sweet pot. Squash	Oatmeal Mixed cer. Apples Bananas	Peas Potatoes Sweet pot. Squash	
Fruit and/or Vegetable (not juice) (when ready)	0-3 Tbsp.	Peaches S	Spinach Mixed veg	Peaches Pears Other:	Squasii Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	Peaches Pears	Spinach Mixed veg	
PM SNACK Breastmilk or Iron Fortified Infant	4-6 fl. oz.	Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		Breastmilk Formula		
SUPPER Breastmilk or Iron Fortified Infant Formula	4-8 fl. oz.	Formula A Rice cereal C Barley G	Prunes Apricots Carrots Grn. Beans Peas	Breastmilk Formula Rice cereal Barley Oatmeal	Prunes Apricots Carrots Grn. Beans Peas	Breastmilk Formula Rice cereal Barley Oatmeal	Prunes Apricots Carrots Grn. Beans Peas	Breastmilk Formula Rice cereal Barley Oatmeal	Prunes Apricots Carrots Grn. Beans Peas	Breastmilk Formula Rice cereal Barley Oatmeal	Prunes Apricots Carrots Grn. Beans Peas	
Iron Fortified Infant Cereal (when ready)	0-3 Tbsp.	Mixed cer. F Apples S Bananas S	Potatoes Sweet pot. Squash	Mixed cer. Apples Bananas	Potatoes Sweet pot. Squash	Mixed cer. Apples Bananas	Potatoes Sweet pot. Squash	Mixed cer. Apples Bananas	Peas Potatoes Sweet pot. Squash	Mixed cer. Apples Bananas	Potatoes Sweet pot. Squash	
Fruit or Vegetable (not juice) (when ready)	0-3 Tbsp.		Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	Peaches Pears Other:	Spinach Mixed veg	

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#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGAM

### 8 THROUGH 11 MONTHS

INDIVIDUAL INFANT MEAL RECORD			
INFANT'S NAME		AGE (MONTHS)	DATE OF BIRTH
CENTER/PROVIDER	BREASTMILK	FORMULA TYPE	MONTH/YEAR
	YES NO		
CLAIM ONLY APF	ROVED MEALS		
List specific foods consumed by this infant. Foods from c	hild manu may ha usad	if infant is develonmentally	ready

CENTER/PROVIDER			BREASTMILK		FORMULA TYPE		MONT	H/YEAR
			YES [	NO				
		CLAIM ONLY AP	PROVED MEALS		1		ı	
List specific foods consum	ed by this in	fant. Foods from o	hild menu may be	used	if infant is de	velopmentally	/ read	у
REQUIREMENTS	8-11 MO	Date	Date	Date	)	Date		Date
BREAKFAST Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.							
Iron Fortified Infant Cereal	2-4 Tbsp.							
Fruit and/or Vegetable (not juice)	1-4 Tbsp.							
AM SNACK Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.							
Crusty Bread (optional)	0-1/2 slice							
Crackers (optional)	0-2							
<b>LUNCH</b> Iron Fortified Infant Formula <b>or</b> Breastmilk	6-8 fl. oz.							
Iron Fortified Infant Cereal and/or	2-4 Tbsp.							
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread	1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.							
Fruit and/or Vegetable (not juice)	1-4 Tbsp.	-						
PM SNACK Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.							
Crusty Bread (optional)	0-1/2 slice							
Crackers (optional)	0-2							
SUPPER Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.							
Iron Fortified Infant Cereal and/or	2-4 Tbsp.							
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread	1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.							
Fruit and/or Vegetable (not juice)	1-4 Tbsp.	]						

CACFP-217 MO 580-1804 (1-04)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGAM 8 THROUGH 11 MONTHS

INDIVIDUAL INFANT MEAL REC	ORD	$\smile$				
INFANT'S NAME				AGE (MONTHS)		DATE OF BIRTH
Ima Toocute				11 months		7/11/09
CENTER/PROVIDER			BREASTMILK	FORMULA TYPE		MONTH/YEAR
Luv-N-Stuff Day Care			⊠ YES □	] NO   Enfamil		June 2010
		CLAIM ONLY APP	ROVED MEALS			
List specific foods consume	ed by this inf	ant. Foods from cl	hild menu may be u	used if infant is de	velopmentally	ready
REQUIREMENTS	8-11 MO	Date 6/9	Date 6/10	Date 6/11	Date 6/12	Date 6/13
BREAKFAST Iron Fortified Infant Formula or Breastmilk	6-8 fl. Oz.	6 oz. Breastmilk 3 Tbsp. Rice Cereal	8 oz. Breastmilk 4 Tbsp. Oatmeal	8 oz. Breastmilk 4 Tbsp. Barley	8 oz. Breastmilk 4 Tbsp. Rice Cer	real 3 Tbsp. Oatmeal
Iron Fortified Infant Cereal	2-4 Tbsp.	3 Tbsp. Chopped Canned Peaches	Cereal 2 Tbsp. Applesauce	Cereal 3 Tbsp. Chopped	3 Tbsp. Chopped Canned Apricots	
Fruit and/or Vegetable (not juice)	1-4 Tbsp.	curined reaches	2 103p. Applesauce	Canned Pears	Carinea Apricors	5 103p. Dunana
AM SNACK Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.					
Crusty Bread (optional)	0-1/2 slice					
Crackers (optional)	0-2					
LUNCH Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.	8 oz. Breastmilk 3 Tbsp. Chopped	7 oz. Breastmilk 4 Tbsp. Chopped	7 oz. Breastmilk 1 oz. American	7 oz. Breastmi 3 Tbsp. Choppe	
Iron Fortified Infant Cereal and/or	2-4 Tbsp.	Ham	Chicken Breast	Cheese Strips	Hamburger	Yolk
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread Fruit and/or Vegetable (not juice)	1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz. 1-4 Tbsp.	2 Tbsp. Diced Cooked Sweet Potato 2 Tbsp. Peas	2 Tbsp. Green Beans 2 Tbsp. Mashed Potatoes	2 Tbsp. Diced Canned Plums 2 Tbsp. Chopped Peeled Apples	2 Tbsp. Cooked Carrots 1 Tbsp. Refried Beans	Beans
PM SNACK Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.	4 oz. Apple Juice	3 oz. Breastmilk	4 oz. Breastmilk	3 oz. Grape Juice	4 oz. Breastmilk
Crusty Bread (optional)	0-1/2 slice	2 Saltines, Low	1/2 Slice Toast	1 Square	1/2 Biscuit	4 Animal
Crackers (optional)	0-2	Salt	Strips	Graham Cracker	1/ L Discuit	Crackers
SUPPER Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.		·			
Iron Fortified Infant Cereal and/or	2-4 Tbsp.					
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese	1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz.					
or Cottage Cheese, Cheese Food or Spread	1-4 oz.					
Fruit and/or Vegetable (not juice)	1-4 Tbsp.					

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MO 580-1804 (1-04)

CACFP-217

#### FOUR FOOD SERVICE TYPES & CACFP RECORDKEEPING

**Definition - "Institution"** means a sponsoring organization, independent child care center, outside-school-hours care center, homeless or emergency shelter, or adult day care center which enters into an agreement with the State agency (MDHSS-BCFNA) to assume final administrative and financial responsibility for Program (the CACFP) operations.

- **1.** ON SITE also called self prep means meals that are prepared in the kitchen at the institution's physical location by the institution's employee(s). The institution will follow the basic recordkeeping requirements of the CACFP.
- **2.** <u>CENTRAL KITCHEN</u> is when an institution receives meal services obtained through a competitive process prepared by *another department of the <u>same organization</u>*, such as a university child care center whose meal services are provided by the campus dining hall or campus student union may use a non-competitive bid process to obtain their meals.

These institutions must sign an **annual agreement** (page 84) with the central kitchen to obtain meals. A prototype of the **non competitive process** "Sample Agreement" can be located at: <a href="http://www.dhss.mo.gov/cacfp/Contracting Food Svc.pdf">http://www.dhss.mo.gov/cacfp/Contracting Food Svc.pdf</a>; the "Sample Agreement" is located under Section C (Non-Competitive Process).

**Additional recordkeeping is required** when a CACFP institution obtains meals from a central kitchen. The **central kitchen** must provide the following documentation to the child care center on a monthly basis:

- Food costs to substantiate the claim for reimbursement
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center; sample receiving and credit logs on pages 85 and 86
- Daily dated menus using a minimum of a two week menu cycle
- Production records refer to Section 6.17 in the Policy and Procedure Manual for Child Care Centers
- Staff allocation, such as meals per labor hour statistics may be required It is the responsibility of the institution to monitor the requirements of the contract. First occurrence disallowances will be made if documentation is not maintained on file.

As long as the food purchased by the centralized food service was obtained in a competitive manner through a formal bid process, those same services may be used by the CACFP institution. Centralized meal preparation is common in large organizations such as hospitals, nursing homes, schools, governmental entities and universities.

**3.** <u>SCHOOL</u> – means an institution that contracts with a *public or private non-profit school* for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program.

Institutions who obtain their meals through a public or private school that participates in the National School Lunch or School Breakfast Program(s) must sign an **annual agreement** (non competitive bid process) with the school to provide meals to the organization. A prototype of the

**non competitive process "Sample Agreement"** can be located at:

http://www.dhss.mo.gov/cacfp/Contracting Food Svc.pdf; the "Sample Agreement" is located under Section C (Non-Competitive Process). Federal regulations exempt organizations from having to competitively bid for catered meals when those meals are purchased through schools participating in the National School Lunch or School Breakfast Programs.

**Additional recordkeeping is required** when a CACFP institution obtains meals from a school. The **school/district** that provides meals to institutions under an *agreement* must provide the following documentation to the CACFP contractor on a weekly, or no less than a monthly basis:

- Food costs to substantiate the reimbursement
- Daily dated menus using a minimum of a two week menu cycle
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center
- Production records refer to Section 6.17 in the Policy and Procedure Manual for Child Care Centers

An example of this type of agreement is when a school provides meals to a Head Start center It is the responsibility of the institution to monitor the requirements of the agreement for compliance with the CACFP requirements.

First occurrence meal disallowances will be taken at the CACFP monitoring review in the following instances when:

- There is no or inadequate processed food documentation (such as CN labels)
- When catered meals are not supported by production records

**4.** <u>COMMERCIAL VENDOR</u> – also called a **Food Service Management Company (FSMC) or Caterer** is a *for-profit business* that an institution may contract with for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program. The total amount that the institution contracts meals for (less than or greater than \$100,000 per year) will determine the required bid process.

#### CONTRACT BID PROCESS INFORMATION

Institutions participating in the Child and Adult Care Food Program (CACFP) who plan to purchase meals served to program participants from a **commercial vendor** (caterer, vendor, or Food Service Management Company) must follow proper procedures in purchasing these services. The bid prototypes and CACFP process requirements are located on the website at: <a href="http://www.dhss.mo.gov/cacfp/Contracting\_Food\_Svc.pdf">http://www.dhss.mo.gov/cacfp/Contracting\_Food\_Svc.pdf</a>. The goal of the bid process is to allow free and open competition in obtaining meal services from the lowest and best bidder.

<u>Informal</u> Competitive Bid Process - Institutions that will expend (pay out) less than \$100,000 per year on catered meals must follow an **informal bid process** to obtain their meals. Food contract less than \$100,000 (informal bids) require that the contract prototype and the "*Documentation of Vendor Contact*" (page 87) forms be completed and submitted for MDHSS-BCFNA approval. Documentation that at least three reputable catering companies were

contacted to obtain price quotes must be submitted to MDHSS-BCFNA. These documents are located under Section B of the "Contracting for Food Services" document.

<u>Formal</u> Competitive Bid Process - Institutions that will expend (pay out) \$100,000 or more per year on catered meals must follow a formal competitive bid process (page 87) to obtain their meals. This formal bid process is located in Section A of the "Contracting for Food Services" document.

Commercial vendor contracts are signed between the institution and the FSMC for a one year period with provision to extend the original contract for up to four, one year extensions (five years maximum). **The institution must also provide CACFP annual "Extension for Food Service Contract" documentation.** The contract extension form and instructions are located on page 30-31 of the formal bid process of the "*Contracting for Food Services*" document. Annual contract extensions must be submitted to MDHSS-BCFNA and the "contract begin date" and "contract end date" information must be entered on the CACFP application/claims data base at: <a href="https://dhssweb04.dhss.mo.gov/cnp/frameManager.asp">https://dhssweb04.dhss.mo.gov/cnp/frameManager.asp</a>.

**Additional recordkeeping is required** when a CACFP institution obtains meals from a commercial vendor. The **commercial vendor/caterer** that provides meals to institutions must provide the following documentation to the CACFP contractor on a daily, a weekly, or no less than a monthly basis:

- Food costs to substantiate the reimbursement
- Daily dated menus using a minimum of a two week menu cycle
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center
- Production records- refer to Section 6.17 in the Policy and Procedure Manual for Child Care Centers
- Documentation of paid invoices to verify contractual accountability
- Meals per labor hour recordkeeping to document staff allocation

Federal regulations prohibit institutions from contracting out the management responsibilities of the CACFP, including but not limited to:

- Ordering meals
- Maintaining program records
- Submitting claims for meal reimbursement
- Training and monitoring
- Determining eligibility for free or reduced-price meals

The institution must monitor the conditions set forth in the food service contract and compliance with the CACFP requirements. The MDHSS-BCFNA will not intervene in contract disputes.

During a CACFP monitoring review, the Nutritionist will make first time meal disallowances in the following instances:

- When there is no or inadequate processed food documentation (such as CN labels)
- When there are no production records or
- When the production records indicate that the caterer did not provide enough food to meet the minimum portion requirement

#### Missouri Department of Health and Senior Services Community Food and Nutrition Assistance Child and Adult Care Food Program

#### **Agreement to Furnish Food Service**

THIS AGREEMENT is made		o between (school)	
		<del>.</del>	
WHEREAS the facilities of the	•		
are not adequate for preparing			
the (school)			are adequate to serve
meals to participants. The (so			
agrees to supply meals (inclusion			
	with an	nd for the rates herein lis	ted:
Rreakfast \$	each	Lunch\$_	each
Breakfast \$ Snacks \$	cach	Supper\$_	
SHacks p	eacii	Supper \$_	eacn
It is further agreed that the (so	chool)		
pursuant to the provisions of		dult Care Food Program	(CACFP) regulations.
attached copy of which is par			
meal pattern requirements as			
records that the (center or spo		and content, and win in	namam fun and accurate
will need to meet its responsi		manu racarda containing	the amount of food
			the amount of food
prepared and daily number of	mans denvered	by type.	
These records must be reported	ed to the (center	or sponsor)	
promptly:		-	
			ne preceding clause for a
		-	1 0
period of three years after the			=
in progress); and upon reques		-	•
available to representatives of			
Department of Agriculture, and		accounting Office for au	dit or administrative review
at a reasonable time and place	e.		
TEL: 4 1 11 1 CC		т,	1 / 11
This agreement shall be effect			
notice in writing given by any	y party hereto to	the other parties at least	30 days prior to the date of
termination.			
IN WITNESS WHEDEOE 41	na nartina harata	have avacuted this agree	amont as of the dates
IN WITNESS WHEREOF, th	ie parties nereto	have executed this agree	ement as of the dates
indicated below:			
School Official		Center/Sponsor C	Official
Title	Date	Title	Date

### Daily Vended Meal Receiving Log

Instructions: Use this Log for receiving food/meals delivered from an off-site or central kitchen location. Record the cold and hot food temperature of at least one meal. \*\*Document meals to credit due to damage, unacceptable temperatures, etc. on Vended Meal Credit Log.

at least	t least one meal. **Document meals to credit due to damage, unacceptable temperatures, etc. of				ratures, etc. on	v chicci ivical Cicuit Log.						
Day/	Rec'd		Min. Hot		Cold Food	Rec'd	# Mea	ls <u>O</u> rder	Less # of	# Meals		
Date	Time	Hot Food Name	Temp-135	Cold Food Name	Rec'd	by	& ]	Rec'd	Meals to	to Pay		
					Rec'd 41 or colder	Initials	<u>o</u>	<u>R</u>	Credit**	Vendor		
_												

## Vended Meal Communication and Credit Log

**Instructions:** Use this Log to document unacceptable food/meals as noted on the Daily Vendor Meal Receiving Log form. These are meals that require vendor credit due to damage, unacceptable temperatures or for other contractual reasons.

Date	Food Product Name	Problem-Reason Meals not Accepted on Receiving Log	Communicated to Vendor Name/Date/Time	Institution Comments and Initials	TOTAL Meals to Credit
		, recepted on recent ing Log	1141116/2416/111116		0.00

# **DOCUMENTATION OF VENDOR CONTACT** FOOD CONTRACTS LESS THAN \$100,000

Instructions: Completed form to be sent to the State agency with the Food Service Management Contract

	Vendor Name	Date of Contact	Method of		P	rice Per Mea	al	Total Price
	Address Telephone Contact Person		Contact (phone, fax, in person, etc.)	Meal	Unit Price	Estimated Servings per Day	Estimated Number of Days	Quote
VENDOR 1				Breakfast				
				Lunch				
				Snack				
				Supper				
				Breakfast				
VENDOR 2				Lunch				
				Snack				
				Supper				
				Breakfast				
VENDOR 3				Lunch				
				Snack				
				Supper				

## **Child Care Resources**

The Internet has a vast amount of information that can assist child care providers with their foodservice operation and with education of staff and children. Below are some resource recommendations:

http://www.dhss.mo.gov/cacfp/ - Official site of the Missouri CACFP Important features include:

- Access to online claims filing
- Downloadable copies of Missouri CACFP forms
- Link to information on other Missouri nutrition programs and activities

http://www.fns.usda.gov/fns/default.htm - Food and Nutrition Service Online. Homepage for all USDA Child Nutrition Programs. Useful features include:

- News & Updates
- Resources
- Recipe Roundup
- CACFP Information
- Food Safety

- Useful links
- Healthy School Meal Resource System
- Food & Nutrition Information Center
- USDA Child Nutrition Programs
- Team Nutrition

Get to most CACFP information by clicking on 'Child and Adult Care Food Program' under "programs". Check "resources" for a link to a wide variety of publications.

http://www.nutrition.gov/ - The US Government's official web portal. Provides consumers easy online access to government information on food and human nutrition.

http://www.nfsmi.org/ResourceOverview.aspx?ID=304 - National Food Service Management Institute. Order or download many CACFP and other foodservice resources.

<u>http://outreach.missouri.edu/hes/food.htm</u> - <u>The College of Human Environmental</u>
<u>Sciences Outreach and Extension of the University of Missouri-Columbia</u>. Highlights include:

- Food & Fitness at Missouri Families
- Food Safety
- Nutriteach teacher resources
- Food & Nutrition Guides

- MyPyramid
- Healthy Start preschool curriculum
- Health Observances Calendar

http://nutritionforkids.com - Sponsored by <u>24 Carrot Press</u>. Highlights their books, teaching kits or other resources, organized by topic. Provides news, articles, tips, recipes and *more*, including their FREE <u>Feeding Kids Newsletter</u>.



http://teamnutrition.usda.gov/Resources/childcare\_recipes.html - The recipes from the 1999 publication *Child Care Recipes: Food for Health and Fun* from USDA's Child and Adult Care Food Program have been updated to reflect the changes made in the 2001 Food Buying Guide for Child Nutrition Programs. Revised recipes have been standardized, edited for consistency, analyzed for nutrient content, and updated with CCP information based on the 2005 Food Code Supplement. Many provide directions for one or more variations and include old favorites and popular new dishes. Each recipe contributes to a reimbursable meal served to children in the CACFP. Written for 25 and 50 servings, the recipes can easily be adjusted to serve larger or smaller groups.

http://nccic.acf.hhs.gov/fitsource - Fit Source is a site that links child care providers to a wide variety of physical activity and nutrition resources. You will find links to activities, lesson plans, healthy recipes, information for parents, and many other downloadable tools that can be used to incorporate physical activity and nutrition into child care programs.

http://healthymeals.nal.usda.gov/nal\_display/index.php?tax\_level=1&info\_center=14 &tax\_subject=264 - Information on recipes, menu planning, infant feeding, special diets, food safety and more.

http://www.nichd.nih.gov/msy - Media-Smart Youth: Eat, Think, and Be Active! is an interactive after-school education program for young people ages 11 to 13. It is designed to help teach them about the complex media world around them, and how it can affect their health--especially in the areas of nutrition and physical activity. Site provides a Facilitator's Guide, lessons, and other program materials.

http://www.mypyramid.gov - Site allows you to personalize your daily requirements from each food group, offers lists of various foods in each group with serving sizes, and provides tips on how to maximize the nutrition you get from your meals. Also provides links to the most current Dietary Guidelines and to the MyPyramid for Kids site with activities and downloadable handouts.

http://www.infanet.cahs.colostate.edu - Provides best practice information on ways that child care centers can be "breast-feeding friendly", appropriate ways to bottle feed, and to introduce solids. Parent handouts are available to download in both English and Spanish.

http://www.fruitsandveggiesmatter.gov/index.html - Learn about different kinds of fruits and vegetables, why they are important, and how to include more of them in your menus. The site includes recipes and tips on using fruits and vegetables for breakfast, lunch, and snack.

## **Choking Prevention**

#### Children under the age of 4 years are at higher risk for choking.

#### **Problem Foods**

- Spoonfuls of peanut butter
- Mini-marshmallows
- Large chunks of meat
- Nuts, seeds and peanuts
- Raw carrots (in rounds)
- Fish with bones
- Ice cubes
- Raisins
- Pretzels and chips

- Dried Fruit
- Hot dogs (whole or sliced in rounds)
- Hard candy
- Popcorn
- Raw peas
- Whole grapes (cut them in half)

#### Prepare foods so that they are easy

- Cut food into small pieces or thin slices.
- Cut round foods, like hot dogs, lengthwise into thin strips.
- Remove all bones from fish, chicken and meat.
- Cook raw food, such as carrots or celery, until slightly soft. Then cut into sticks.
- Remove seeds and pits from fruit.
- Spread peanut butter thinly.

#### Watch children during meals and snacks to make sure they:

- Sit quietly. (Most choking in children occurs when they are not sitting down while eating.)
- Eat slowly.
- Chew food well before swallowing.
- Eat small portions and take only one bite at a time.
- Finish swallowing before leaving the table.

#### Always watch or sit with children during meals and snacks!

Adapted from Building Blocks for Fun and Healthy Meals, USDA, FNS-305. Spring 2000

#### **CACFP Orientation Exercise Key**

**Exercise 1** on pages 16-17 – Problems with the IEF on page 17 include:

- No last names of children. Use children's legal names only.
- Signature in part 4 is not a name listed as a household member. The use of any kind of nicknames is not allowed and can cause a lot of confusion for auditors and other staff.
- No social security number listed. Adult signing IEF must list SSN OR indicate that they don't have a SSN when income is used as the basis for eligibility.
- Date is not a complete date the year is not indicated. This could cause the IEF to be determined to be invalid. Date all forms with the complete day, month and year.
- Monthly income is added incorrectly should be \$2,650.
- Category should be free, not reduced. Family of 5 can make up to \$2,794 per month and still be claimed as free\*.
- Center staff did not sign and date the IEF.

Exercise 2 on pages 18-19 – The IEF is correctly completed on next page.

The SNAP (formerly called food stamp) number is technically FS00<u>12345678</u>FSP001. The only part they need to write down is the 8 digit DCN as underlined in this example. The rest of the letters and numbers are the same in all food stamp case numbers. The case number is the same for all members of the household.

\*NOTE: Income determination was made using the July 1, 2009-June 30, 2010 Income Eligibility Guidelines.



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM



#### INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal el	igibility for your child	d(ren), fill o	ut this fo	orm and return	it to your child	l care cen	ter.						
PART 1 CHILDREN ENROLLED AT TH	E CHILD CARE CE	NTER											
Complete information below for children AFDC, now funded by TANF), complete number or Temporary Assistance case number or Temporary Assistance	Parts 1, 3, and 4 of	only. Comp	pleté Pa	ırts 1, 2, 3, ar									
NAME	BIRTH DATE	FOST CHIL			STAMP NUMBER		DRARY ASSISTANCE CASE NUMBER						
Erika Doe	1/31/08			1234	5678								
Jason Deer	8/19/07			1234	5678								
PART 2 HOUSEHOLD AND INCOME IN	FORMATION												
List all other members of the household current monthly gross income for all me wage earners and self-employed adults, If last month's income does not accuratel self-employed income may be averaged the center for more information.	mbers of the house the income of the w y reflect your circum	ehold befor age earner astances, yo	e deduc cannot ou may l	tions, such a be offset by t provide a proj	s taxes and so he business lo ection of your o	ocial secu sses of th current an	rity. Where there are se self-employed adult. nual income. Irregular						
INCOME BASED ON (CHECK ONE)	YEARLY I	MONTHLY		MONTH E	VERY 2 WEEKS	WEE	_						
HOUSEHOLD MEMBERS	GROSS WA	GES		ARE, CHILD RT, ALIMONY	PENSION RETIREMENT, SECURI	SOCIAL	OTHER						
PART 3 RACIAL ETHNIC INFORMATIO  Are you of Hispanic or Latino origin? ☐ Y		uired to ans	wer this	section)									
What is your race? (Select one or more)	AMERICAN INDIAI OR ALASKA NATIV		A	BLACK OR FRICAN AMERICA	NATIVE HA' AN PACIF	WAIIAN OR I							
PART 4 SIGNATURE													
I hereby certify that all information provided is institution officials may verify information, and the													
SIGNATURE OF ADULT FAMILY MEMBER  Jane Doe		CURITY NUME			DA	ATE /15/10							
PRINTED NAME OF ADULT	ADDRESS					PHONE NUMBER							
Jane Doe		E. Elm, F	Iomet	own, MO		55-898							
Section 9 of the National School Lunch Act requisocial security number of the adult household in social security number. Provision of a social sesigner has none, the application cannot be applicated the accuracy of information stated on the application contacting employers to determine income, contacting employers to determine income, contacting the State employers to determine the state employers to provide the amount of incorrect information is reported.	nember signing the apportunity number is not material secution. The social secutation. These verification at food stamp opened security office to	plication or in andatory, but urity number in on efforts ma or welfare of o determine	ndicate that if a social may be used ay be carrifice to detended.	at the househol al security numb sed to identify t ried out through etermine current ant of benefits re	d member signin- er is not provided he household me program reviews certification for a eceived and chec	g the application of the applica	cation does not possess a cation is not made that the arrying out efforts to verify tigations, and may include cod stamps or Temporary ocumentation produced by						
TOTAL HOUSEHOLD LINCOME.	FOR	CENTER	USE O	NLY									
TOTAL HOUSEHOLD INCOME: SIZE:	INCOME BASED ON (CH YEAR MONTH	IECK ONE): 2 X A MONT	H EVE	ERY 2 WEEKS	WEEKLY F	OOD STAM	TEMPORARY P ASSISTANCE						
Eligibility Determination:	Reduced Pa												
SIGNATURE OF CENTER REPRESENTATIVE						DATE							
Ima Director						7/16/10	)						
MO 580-1314 (6/07)					ı		CACFP-205						

#### Answer Key for Exercise 3 on pages 32 - 33.

#### July 20XX

Participant's Name		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Total Daily Attendance	<del>)</del>	4	6	5	6	4			5	6	6	6	5			5	6	6	6	5			3	4	4	4	96

For Exercise 5: Claim block (5) Operating Days = 19 and (6) Total Attendance for Month =

#### Answer Key for Exercise 4 on pages 32 and 34.

Meal Count July 7-11		7					8					9					10					11									
		В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S
Horner, Jack	X	1		1			1		1	1		1					1		1	1		1		1	1		5		4	3	
Lamb, Mary	X	1		1	1		1		1			1		1	1		1		1	1		1		1	1		5		5	4	
Peep, Little Bo	Z						1		1	1		1		1	1		1		1	1							3		3	3	
Piper, Peter	Y	1		1	1		1					1		1	1		1		1								4		3	2	
Porgie, Georgie	Y						1		1	1		1		1			1		1	1		1		1	1		4		4	3	
Simon, Simple	Z	1		1	1		1		1	1							1		1	1		1		1			4		4	3	
Total Meals Coded X		2		2	1		2		2	1		2		1	1		2		2	2		2		2	2		10		9	7	
Total Meals Coded Y		1		1	1		2		1	1		2		2	1		2		2	1		1		1	1		8		7	5	
Total Meals Coded Z		1		1	1		2		2	2		1		1	1		2		2	2		1		1			7		7	6	

#### Answer Key for Exercise 5 on pages 32 - 38.

#### Consolidated meal count for July

Totals for wee	k of:	7					14					21					28														
		В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S	В	1	L	2	S
Horner, Jack	X	5		4	3		4		5	3		3		5	5		3		4	4							15		18	15	
Lamb, Mary	X	5		5	4		4		5	3		3		5	5		3		4	4							15		19	16	
Peep, Little Bo	Z	3		3	3		2		4	4		3		4	4		4		4	4							12		15	15	
Piper, Peter	Y	4		3	2		3		5	3		2		5	4												9		13	9	
Porgie, Georgie	Y	4		4	3				4	4		4															8		8	7	
Simon, Simple	Z	4		4	3		5		5			5		3			3		3	2							17		15	5	
																						Cla	ime	d m	eals	:	(A)	) (	(C) (	(D)	
Total Meals Coded X		10		9	7		8		10	6		6		10	10		6		8	8		<b>(8)</b>	Fre	e			30		37	31	
Total Meals Coded Y		8		7	5		3		9	7		6		5	4		0		0	0		(9)	Red	luce	d		17		21	16	
Total Meals Coded Z		7		7	6		7		9	4		8		7	4		7		7	6		(10	Pai	d			29		30	20	
													93									(11)	) To	tal I	Mea	ls	76		88	67	